

CREDIT APPLICATION

GOODSON

YOUR POINT OF INTERACTION

Goodson Imports NZ Pty Ltd
Unit R, 20 Cain Rd, Penrose, Auckland 1061
P.O. Box 24637 Royal Oak 1345
Tel: 09 - 580 1769
Fax: 09 - 579 2379

APPLICATION NO: _____

NATURE OF ORGANISATION: Sole Trader Partnership Limited Company Individual

TRADE NAME: _____

LEGAL NAME: _____ GST REGISTERED YES NO

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: _____ FAX: _____ MOBILE: _____ EMAIL: _____

REGISTERED OFFICE: _____ COMPANY NUMBER: _____

CONTACT PERSON FOR ACCOUNT: _____

BANK NAME AND BRANCH: _____

BANK ACCOUNT NUMBER: _____

SOLICITOR'S NAME AND ADDRESS: _____

ACCOUNTANT'S NAME AND ADDRESS: _____

CREDIT REFERENCES (3 REQUIRED)

1. _____

2. _____

3. _____

DIRECTORS/PROPRIETORS1 NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____2 NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____**ESTIMATED CREDIT AMOUNT REQUIRED PER MONTH** \$ _____**ACCEPTANCE**

I certify that the above information is true and correct, and understand that I am authorised to make this application for credit in accordance with the Privacy Act (1993). I authorise any person or company to give information as may be required in response to credit enquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE of GOODSON IMPORTS NZ PTY LTD (overleaf or provided separately) and agree to abide by these conditions, which form part of, and are intended to be read in conjunction with this CREDIT APPLICATION and agree to abide by these conditions

SIGNED: _____ TITLE: _____

FULL NAME: _____

DATE: _____ DATE OF BIRTH: _____

(IF SOLE TRADER OR INDIVIDUAL)

OFFICE NOTES: _____