



## **CREDIT APPLICATION FORM**

*THIS ACCOUNT APPLICATION WILL BE ACKNOWLEDGED IN WRITING*

REGISTERED NAME OF COMPANY			
TRADING NAME (if not company name)			
STREET ADDRESS		POSTAL ADDRESS	
PHONE NO		FAX NO	
REGISTERED ADDRESS OF COMPANY		NZBN #	
		DATE OF INCORPORATION	
NATURE OF BUSINESS			
NO OF YEARS IN THE BUSINESS		IF NEW, PLEASE STATE	
IF NEW, PLEASE GIVE PREVIOUS EMPLOYMENT OR BUSINESS			
FULL NAMES AND ADDRESSES OF DIRECTORS OF CURRENT COMPANY			
SURNAME	CHRISTIAN NAMES	PRIVATE ADDRESS	PRIVATE PHONE NO
NAME OF ACCOUNTANT		NAME OF SOLICITOR	
ADDRESS OF ACCOUNTANT		ADDRESS OF SOLICITOR	
NAME OF BANK		BANK BRANCH	
TRADE CREDIT REFERENCES (Nominate only business dealing with you on credit terms. If none, please give any personal dealings made on credit terms)			
NAME	ADDRESS OR BRANCH		PHONE NO
1			
2			
NAME OF PERSON TO CONTACT REGARDING THE ACCOUNT			
EMAIL ADDRESS		BUSINESS PHONE NO	

## Terms of Credit

- 1 Payment is to be made 20<sup>th</sup> of the following month
- 2 Weighing and Measuring Solution's Ltd ( WMS") reserves the right to pass any account onto debt collection agencies at the cost of the customer following a written warning of the same.
- 3 WMS reserves the right to refuse credit to any customers with overdue accounts outstanding.

## Credit Agreement

- 1 The undersigned, for and on behalf of the Customer, hereby makes this application to open an account with WMS Ltd
- 2 The undersigned acknowledges WMS Ltd Terms and Conditions of Credit and agrees to abide by them. The undersigned agrees that such Terms and Conditions of Credit shall form the basis of a contractual relationship between the customer and WMS.
- 3 The undersigned represents and warrants that the undersigned is duly authorised to execute this application on behalf of the customer and that when so executed it shall be legally binding upon the customer.
- 4 The undersigned hereby authorises all individuals and firms mentioned in this credit application to respond fully and genuinely to all requests by WMS for credit information about the undersigned. The undersigned expressly waives any claims under the Privacy Act against such individuals for providing such credit information to WMS.
- 5 The undersigned hereby authorises POTL to respond fully and genuinely to all requests by third parties for credit information about the undersigned. The undersigned expressly waives any claims under the Privacy Act against WMS for providing such credit information to third parties.
- 6 The undersigned represents and warrants to WMS that the information provided herein is true and correct to the undersigned's best knowledge, information and belief.

AUTHORISED SIGNATURE	POSITION HELD	DATE

## Bank Account Details:

Name: Weighing & Measuring Solutions LTD  
Bank and branch: Westpac Banking Corporation  
Account number: 03 0698 0920684 00

## Accounts Receivable Contact Details:

Accounts Receivable  
Weighing & Measuring Solutions Ltd  
PO Box 215  
Hastings 4156

Direct dial: +64 6 878 3826  
Toll free : 0800 132 618  
Email: [accounts@weighsolutions.nz](mailto:accounts@weighsolutions.nz)