



Northport Limited
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APPLICATION FOR CREDIT ACCOUNT

ACCOUNT & CONTACT DETAILS

FULL NAME OF COMPANY : _____

FULL NAME OF PERSON : _____

POSTAL ADDRESS : _____

PHYSICAL ADDRESS : _____

BUSINESS PHONE NUMBER : _____

PRIVATE PHONE NUMBER : _____

MOBILE PHONE NUMBER : _____

EMAIL ADDRESS OF COMPANY : _____

NAME OF OPERATIONAL CONTACT PERSON : _____

EMAIL ADDRESS OF OPERATIONAL CONTACT PERSON : _____

NATURE OF BUSINESS : _____

BANKER DETAILS : _____

ACCOUNTANT DETAILS : _____

SOLICITORS DETAILS : _____

EXPECTED MAXIMUM AMOUNT OF CREDIT REQUIRED MONTHLY \$ _____

INVOICES TO BE EMAILED **YES** **NO**
(please circle one)

IF "YES" EMAIL ADDRESS TO USE : _____

NAME OF ACCOUNTS CONTACT PERSON : _____

CREDIT REFERENCES (Please provide details of 3)

COMPANY NAME # 1

CONTACT NUMBER

COMPANY NAME # 2

CONTACT NUMBER

COMPANY NAME # 3

CONTACT NUMBER

I/We understand and agree that your credit terms are strictly monthly and that payment is to be made on the 20th of the month following the invoice date.

I/We understand and agree that interest is payable on any account not paid by the end of the month immediately following the month of purchase and that the rate of interest is 1.5% per month. Any account not so paid shall also have added to it any costs incurred by our solicitors and/or debt collection agents in the course of endeavours to have the account paid.

I/We understand that the title to a property in the goods or services supplied does not pass until such goods or services have been paid for.

I/We authorise any person or company to provide you with such information as you may require in response to your credit and/or employment enquiries. I/We authorise you to furnish to any third party details of this application and of any subsequent dealings that I/We may have with you as a result of this application being actioned by you.

SIGNATURE

POSITION

DATE

SIGNATURE

POSITION

DATE

OFFICE USE ONLY

Credit Account Approved / Date :

Account Number Allocated :

