Crisp NZ
It's in our nature.

APPLICATION FOR TRADING ACCOUNT

QUEENSTOWN
66A INDUSTRIAL PLACE
Orders: 021 777 870
Sales: 021 411 050
Fax: 03 441 2479
Email: lisa@crispnz.co.nz
Website: crispnz.co.nz

Name: .....

Trading name: .....

Company Name (if different from above):

……..

Street Address.....

Postal Address.....

Business PH: ..... **Fax: .....**

Private..... **Cell: ……**

Bank..... **Branch.....**

Account number.....

Email Address for statements: ……..

Email Address for price lists: ……..

Trade References (Bank, credit card, Accountants)

I/We authorize Southland Foods Ltd to contact the trade references as supplied and for them to supply information regarding our credit history to our potential creditors.

1..... **Ph: ……**

2..... **PH: ……**

3..... **PH: ……**

Professional advisor:

Accountant.....

Address.....

Solicitor.....

Address.....

(W) Crisp Sales Rep: …….

PAYMENT – TERMS OF TRADE

☐ **<u>WEEKLY DIRECT DEBIT</u> – Your account will be opened once you have completed the attached Direct Debit form. (Don't forget to date it)**

<u>APPLICATION DECLARATION</u>

On behalf of the client I/We hereby make application for a trade account to be opened in the name of the client. *We acknowledge and accept the condition to* agree to pay all accounts on or before the 20th of the following month.

Print name in full.....

Signature.....

Designation.....

Dated.....

<u>PERSONAL GUARANTEE IF ACCOUNT HOLDER IS A COMPANY</u>

On behalf of ……. I hereby *acknowledge and accept the condition to* agree to pay all accounts on or before the 20th of the following month.

Print name in full.....

Signature.....

Designation.....

Dated.....

……..……..……..OFFICE USE…….……..……

Salesperson: …… Branch: ……

Account Opened by: …… Date: ……

Emailed copy to Sales Manager: Y / N

Invercargill
36 Otepuni Avenue
Ph: 03 2162418
Fax: 03 2167418
admin@southlandfoods.co.nz

Queenstown
66 Industrial Place
Ph: 021 777 870
Fax: 03 4412479

Name of account to be debited:

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or an agreement)

Account details:

Bank | Branch number | Account number | Suffix

To the Manager: please print full postal address clearly

Bank	
Branch	
Address	

AUTHORISATION CODE
0 2 2 9 0 1 3

Date:

I/We authorise you until further notice in writing to debit my/our account with you with all amounts which

_____
(hereinafter referred to as the Initiator)

the registered initiator of the above Authorisation Code, may initiate by Direct Debit.
I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.
Information to appear in my/our bank statement:

Payer Particulars | Payer Code | Payer Reference

Name of Account

_____

_____
Authorised Signature(s)

Approved
2901
06 | **16**

For Bank Use Only

Date Received:	Recorded by:	Checked by:

BANK STAMP

Original – Retain at Branch
Copy – Forward to Initiator if requested

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:
(a) Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least two business days before the date when the Direct Debit will be initiated. This advance notice must be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including SMS) to communicate electronically).
The advance notice will include the following message:-
"The amount of $....., will be Direct Debited to your Bank account on (initiating date)."
(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority.
Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:-
(a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator.
(b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:-
(a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
(b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.
(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
- the accuracy of information about Direct Debits on Bank statements; and
- any variations between notices given by the Initiator and the amounts of Direct Debits.
(e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:-
(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
(b) At any time terminate this authority as to future payments by notice in writing to me/us.
(c) Charge its current fees for this service in force from time-to-time.