



**APPLICATION FOR TRADING
ACCOUNT**

INVERCARGILL

36 OTEPUNI AVENUE
Orders: 03 216 2418
Sales: 027 216 7155
Email: admin@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

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

APPLICATION DECLARATION

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.....

PERSONAL GUARANTEE IF ACCOUNT HOLDER IS A COMPANY

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

- (c) Charge its current fees for this service in force from time-to-time.