

Sutton Tools (NZ) Limited

Private Bag

Kaiapoi

P: 03 327 7349

F: 03 327 6677

www.suttontools.co.nz

APPLICATION FOR CREDIT ACCOUNT

| | |
|--------------------------------------|--|
| Nature of Organisation: | |
| Sole Trader <input type="checkbox"/> | Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other <input type="checkbox"/> |
| Trade Name: | |
| Legal Name: | |
| Delivery Address: | |
| Postal Address: | |
| Telephone: | Fax: |
| Mobile: | Email: |
| Registered Office: | |
| Number of Years in Business: | |
| Managers Name: | |
| Contact Person for Accounts: | |
| Name of Bank and Branch: | |
| Accountants Name and Address: | |
| Expected Monthly Purchase (\$): | |

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|--|---------------|
| Trade References: (excluding Credit Cards, Fuel Suppliers, Landlords, Power & Phone) | |
| 1. | Phone Number: |
| 2. | Phone Number: |
| 3. | Phone Number: |

| | |
|--|-----------|
| <p>I certify that the above information is true and correct and 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 inquiries. I have read and understand the general terms and conditions of trade of Sutton Tools (NZ) Limited. which form part of this application and agree to be bound by these conditions.</p> <ul style="list-style-type: none"> - Payment is due in full on the 20th of the month following the date of invoice. - Goods remain the property of Sutton Tools (NZ) Limited until payment is made in full. - The buyer shall inspect the Goods on delivery and shall within seven (7) days of delivery notify Sutton Tools (NZ) Limited of any shortage in quantity, damage or alleged defect. - Sutton Tools (NZ) Limited may at its discretion accept any goods for credit but this may incur a handling fee of 10% of the value of the returned goods. | |
| Signed: | Date: |
| Full Name: | Position: |

INTERNAL USE:

| | |
|-----------------------------|-------|
| Credit Checks Completed: | Date: |
| Approved Territory Manager: | Date: |
| Discount Matrix attached: | |
| Approved Sales Manager: | Date: |