



PO Box 11281, Sockburn  
PH 03 348 0750  
Fax 03 348 0751

APPLICATION FOR CREDIT – GOODS AND SERVICES

Trade Name: \_\_\_\_\_

Sole Trader    Partnership    Trading As    Company    Other \_\_\_\_\_

Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Mobile: ☎ (    ) \_\_\_\_\_ Identification Type: \_\_\_\_\_

\_\_\_\_\_ Identification Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please tick if you do not wish to receive tax invoices, statements or notice of occasional special offers to this address. Liftx will not release your email address to any third parties.

Business Activities: \_\_\_\_\_

If a Company: Registered Office address and Company Number: \_\_\_\_\_

If a Partnership or Sole Trader please attach a copy of your drivers licence

Principal Shareholders or Proprietors: \_\_\_\_\_

Name, Date of Birth and address of all Directors, or Partners if a Partnership

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Solicitor's Name and Address: \_\_\_\_\_

Accountant's Name and Address: \_\_\_\_\_

Independent Trade References (not utilities, solicitors, accountants or banks)

1. \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons with authority to order are: \_\_\_\_\_

Name of Accounts Payable contact: \_\_\_\_\_

This form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Please read the included Terms and Conditions of Trade and sign to acknowledge your acceptance of them.

DECLARATION:

I, \_\_\_\_\_(name):

- have read the Terms;
- understand the Terms;
- agree to the Terms;
- warrant that I am authorised to act on behalf of the Customer and bind the Customer;
- acknowledge that the Terms may be varied by the Vendor from time to time in accordance with clause 2;
- authorise any person or company, under the Privacy Act 2020, to provide the Vendor with any information the Vendor may require in response to its credit enquiries;
- authorise you to furnish to any third party details of this application for credit and any subsequent dealings the Customer may have with you;
- undertake to pay the Account as it falls due;
- acknowledge that interest will accrue at the rate of 2.5% per month or part thereof if payment is not made when due;
- acknowledge that any accounts which are not paid when due may incur collection/legal fees (as between solicitor and client).

Privacy Statement: I/we hereby authorise Liftx Limited to collect, use and hold general credit information about the Customer and supply information to third parties for the purposes of debt collection. I/we also authorise repeat credit checks from time to time.

Signed: \_\_\_\_\_ Company Director / Partner / Proprietor/ Manager  
(delete inapplicable)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Guarantee

I/We, the undersigned guarantor/s, acknowledge that I/we am/are aware of all provisions of this application and the terms upon which credit is to be provided to the Customer and in consideration of the Vendor providing Goods and Services for the Customer at my/our request I/we unconditionally and irrevocably guarantee to the Vendor the due and proper performance by the Customer of all its obligations to the Vendor (in accordance with the Terms, as amended from time to time). This guarantee is a continuing guarantee. If this guarantee has been executed by more than one party as guarantor/s then the liability shall be joint and several.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_