



TO: Direct Scaffolding Supplies Limited
PO Box 227 Kaiapoi 7644 Ph. (03) 323 4477
Email: accounts@directsc scaffolding.co.nz

APPLICATION FOR CREDIT - SERVICES

Trade Name: _____

Sole Trader Partnership Trading As Company Other _____

Legal Name: _____

Physical Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____ Website: _____

Identification Type: _____ Identification Number: _____

Email Address: _____ Date of Birth: _____

Business Activities: _____

Accounts Payable Name: _____ Email: _____

If a Company: Registered Office address and Company Number:

If a Partnership or Sole Trader: Are copies of all Drivers Licences or Birth Certificates or Passports attached?

DIRECTORS AND SHAREHOLDERS DETAILS

Name and address of all Directors, or Partners if a Partnership (if not named above):

	DIRECTOR NAME	SHAREHOLDER NAME
A		
B		
C		
D		
E		
F		

Bank: _____ Branch: _____

Solicitor's Name and Address: _____

Accountant's Name and Address: _____

CREDIT INFORMATION

Paid Up Capital:		Number of Shares:	
Approx Annual Turnover:		Current Value of Debtors:	
Estimated Monthly Purchases:		Current Value of Creditors:	
Preferred Credit Limit per month:			

INDEPENDENT TRADE REFERENCES (not utilities, solicitors, accountants or banks)

	SUPPLIER	CONTACT PHONE NUMBER
A		
B		
C		
D		

APPLICANT ACKNOWLEDGEMENT Please tick the below boxes to accept the following terms

- I/We the Applicant sign in acknowledgement that the information given above is correct
 - I/We have read, understood and accepted the Terms and Conditions of Trade see <https://www.directsc scaffolding.co.nz/terms-conditions-of-trade>
 - I/We agree the Vendor shall retain full ownership of all Goods and Services supplied
 - I/We 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
 - I/We authorise you to furnish to any third-party details of this application for credit and any subsequent dealings the Customer may have with you
- I/We undertake to pay the Account as it falls due
 I/We acknowledge that in default of prompt payment, interest will accrue at the rate of 2.5% per month
 I/We agree all unpaid accounts will incur collection/legal fees (as between solicitor and client)
 I/We agree to the undertaking of a credit check on the company and directors as required

Name	Signature	Designation	Date

Office Use Only:
Notes:

Company Checks Completed Y / N
 PPSR Checks Completed Y / N
 Credit Checks Attached Y / N
 Approved Credit Limit \$ _____
 Approved by: _____
 A B C D E F