



BLACKS & URQUHART LIMITED

NZ Free Phone (0800) 652 463
Phone (09) 579 1290
Fax (09) 579 1291

Account Application Form

www.blacksfasteners.co.nz
akl.accounts@blacksfasteners.co.nz

Account Name (in full):

Trading Name (if applicable):

Billing Address:

Delivery Address:

Contact Name:

Phone: Fax: Mobile:

E-mail:

Type of Industry:

Credit Limit Applied For: \$

Credit Referees (banks, finance companies, telephone companies and other utility companies are not acceptable)

1. Phone:

2. Phone:

3. Phone:

Payment Terms and Conditions with Blacks & Urquhart Ltd

I/We apply to open a monthly credit account and acknowledge that I/we have read the terms stated and agree to abide by these terms.

- 1. Payment is due on the 20th of the month following the delivery. Failure to do so may result in the stopping of credit facilities without notice, until payment is made. Overdue accounts can incur interest charges at 2% above bank overdraft interest rates.
2. Continued non-compliance may result in the account being closed and the account being handed over to a credit agency to instigate debt recovery action to recover the amounts outstanding. All costs of collection including debt collector's fees will be added to the account.
3. I/We authorize any seller or person to irrevocably provide you with such information as you may require in response to your credit enquiries for the provision of credit to me/us. I/We further authorize you to furnish any third party details contained in this application and any details of subsequent dealings that I/we may have as a result of this application being actioned by you and to use for any lawful purpose connected with our business, any information which I/we or any third party may provide.
4. Title of these goods remains with the seller until they have been paid in full.

Please circle preferred: Invoice by email to Or Invoice with goods

Signed: Full name of signatory:

Date: Please tick if you do not want to receive promotional material via e-mail

Please Turn Over

FOR BLACKS & URQUHART LTD OFFICE USE ONLY

Sales Representative: Discount Structure:

Credit Limit: Informed: Account No:

BLACKS & URQUHART LTD
6 Fairfax Ave
Penrose, Auckland
T: (09) 579 1292
F: (09) 579 1291

BLLENHEIM
1 Sutherland Tce
T: (03) 579 6280
F: (03) 578 0835

NELSON
7 Nayland Rd
T: (03) 547 5102
F: (03) 547 0289

CHRISTCHURCH
39a Gasson St
Sydenham
T: (03) 365 2460
F: (03) 365 2464

CHRISTCHURCH
521c Blenheim Rd
Sockburn
T: (03) 348 0340
F: (03) 348 0346

DUNEDIN
20 Orari St
T: (03) 456 1145
F: (03) 456 1148

INVERCARGILL
156 Bond St
T: (03) 214 4499
F: (03) 214 4489



## Side 2 of 2

Please fill in the applicable section below

### Public / Private Company

Registered name of Company: .....

Company Number: .....

Full names & addresses of Directors / Shareholders .....

.....

.....

.....

Accountant: ..... Phone: .....

Solicitor: ..... Phone: .....

Personal guarantee:

I/We ..... The Guarantor(s) acknowledge the I/we understand all the provisions and terms of this application and agree that in the consideration of Blacks & Urquhart Ltd agreeing to supply the above applicant with goods and services from time to time, the Guarantors(s) will pay all such moneys upon demand and shall be liable as a principal debtor in respect of all liabilities to Blacks & Urquhart Ltd.

Full name of Guarantor: ..... Signature: .....

Date of birth: ...../...../.....

Full name of Guarantor: ..... Signature: .....

Date of birth: ...../...../.....

Date: ...../...../.....

### Individual / Sole Trader or Partnership

Surname: ..... First names: .....

Date of birth: ...../...../.....

Residential address: .....

Previous address: .....

Occupation: ..... Name of Employer: .....

Name and surname of relative residing elsewhere: .....

..... Phone: .....

Date of birth: ...../...../.....

Residential address: .....

Previous address: .....

Occupation: ..... Name of Employer: .....

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