



Blacks Fasteners Limited
 Sales phone 0800 652 463
 sales@blacksfasteners.co.nz
 Accounts phone 03 353 0087
 accounts@blacksfasteners.co.nz
 www.blacksfasteners.co.nz

TRADE ACCOUNT APPLICATION FORM

APPLICANTS FULL LEGAL NAME _____

ACCOUNT TRADING NAME (IF APPLICABLE) _____

BILLING ADDRESS _____

DELIVERY ADDRESS _____

CONTACT NAME _____

PHONE (2 NUMBERS REQUIRED) 1 _____ 2 _____

EMAIL _____

TYPE OF BUSINESS _____

CREDIT LIMIT APPLIED FOR \$ _____ OR CASH ACCOUNT

CREDIT REFEREES *Not required for cash accounts. Banks, finance companies, telephone companies and other utility companies are not acceptable.*

1 _____ PHONE _____

2 _____ PHONE _____

3 _____ PHONE _____

PAYMENT TERMS AND CONDITIONS WITH BLACKS FASTENERS LIMITED

I/We apply to open a monthly credit account and acknowledge that I/we have read the terms stated here and, in our terms and conditions found on our website at <https://www.blacksfasteners.co.nz/terms-of-trade> and I/we agree to abide by these terms.

1. Payment is due on the last working day of the month following the date of the invoice. 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. The Purchaser authorises Blacks:
 - a) to collect, retain and use information about the Purchaser from any person for the purpose of assessing your creditworthiness;
 - b) to monitor, record and save phone calls for business purposes (including quality assurance and monitoring instructions);
 - c) to disclose information about the Purchaser:
 - i. to any person who guarantees, or who provides insurance, or who provides any other credit support, in relation to the Purchasers obligations to Blacks; and
 - ii. to such persons as may be necessary or desirable to enable Blacks to exercise any power or enforce or attempt to enforce any of Blacks rights, remedies and powers under these Terms;
4. Blacks will retain title to Goods it supplies until they have been paid for in full and the Purchaser has performed all their other obligations under these Terms. This creates a security interest under the Personal Property Securities Act 1999 (PPSA) in goods supplied to the Purchaser.

PLEASE TICK PREFERRED

INVOICE BY EMAIL TO _____ INVOICE WITH GOODS

STATEMENTS BY EMAIL TO _____ STATEMENTS POSTED

ENABLE ONLINE BUYING THROUGH WEBSITE. PRIMARY ACCOUNT USER NAME: _____

EMAIL _____ PHONE _____

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 FASTENERS LTD OFFICE USE ONLY

SALES REPRESENTATIVE _____ DISCOUNT STRUCTURE _____ ACCOUNT NO _____

Please fill in the applicable section below

PUBLIC / PRIVATE COMPANY / TRUST / CHARITY

REGISTERED NAME OF COMPANY / TRUST / CHARITY _____

COMPANY / TRUST / CHARITY NUMBER _____

FULL NAMES & ADDRESSES OF DIRECTORS / SHAREHOLDERS / TRUSTEES / OFFICERS _____

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 Fasteners 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 Fasteners Ltd.

FULL NAME OF GUARANTOR _____

GUARANTOR HOME ADDRESS _____

SIGNATURE _____ DATE OF BIRTH ____/____/____

Please attach a copy of a Photo ID (D/L, Passport, Firearms) and a utilities bill for address verification

FULL NAME OF GUARANTOR _____

GUARANTOR HOME ADDRESS _____

SIGNATURE _____ DATE OF BIRTH ____/____/____

Please attach a copy of a Photo ID (D/L, Passport, Firearms) and a utilities bill for address verification

DATE ____/____/____

INDIVIDUAL / SOLE TRADER OR PARTNERSHIP

Please attach a copy of a Photo ID (D/L, Passport, Firearms) and a utilities bill for address verification

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH ____/____/____

RESIDENTIAL ADDRESS _____

PREVIOUS ADDRESS _____

OCCUPATION _____ NAME OF EMPLOYER _____

FULL NAME OF RELATIVE RESIDING ELSEWHERE _____

RESIDENTIAL ADDRESS _____

PHONE (LANDLINE OR MOBILE) _____ DATE OF BIRTH ____/____/____