

**SAILCITY HOLDINGS LTD
(T/A SAILCITY PACKAGING)
PO Box 29016, Greenwoods Corner, Auckland 1347
Ph: 09 624 6734 Fax : 09 624 6736**

CREDIT APPLICATION FORM©

Name of Organisation:

Type of Organisation:

Limited Liability Company:
Partnership:
Sole Trader:
Individual:

Postal Address:

Delivery/Physical Address:

Telephone Number: ()

Fax Number: ()

Email:

Year Trading Commenced:

Nature of Business:

Company Details:

Legal Name:
Registration Number:

Address of Registered Office:

Purchasing Contact Details:

Name:
Tel No:
Email:

Accounts Payable Contact Details:

Name:
Tel No:
Email:

Company Directors

Full Name & Address

1

2

3

Sole Trader / Partners

Full Name & Address:

Date of Birth (for PPSA):

Full Name & Address:

Date of Birth (for PPSA):

Accountant Details:

Name:

Telephone:

Solicitor Details:

Name:

Telephone:

Bank Details:

Name & Branch:

Telephone:

TRADE REFERENCES

1. Business Name

Contact Name

Telephone

2. Business Name

Contact Name

Telephone

3. Business Name

Contact Name

Telephone

I/We hereby make application for a credit account to be opened in the above name and irrevocably authorise any company or person to provide **SAILCITY PACKAGING** with such information as they may require that satisfies their credit enquiries.

I/We warrant that the foregoing information is correct to the best of my/our knowledge and that I/we have read, understood and agree to be bound by the **SAILCITY PACKAGING Terms and Conditions of Trade** as set out attached. Upon signing this credit application I/we also understand and accept the Terms and Conditions of Trade will govern every order or confirmation of quotation that I/we enter into with **SAILCITY PACKAGING** for the purchase of goods and services and that the Terms and Conditions of Trade also constitutes a Security Agreement for the goods and services and the proceeds from the sale thereof as Collateral. I/We hereby assent for the purposes of s.36 (b) of the Personal Properties Securities Act to the terms of this Application for Credit and Terms and Conditions of Trade and to the retention of title clauses creating a Purchase Money Security Interest in all and any goods and services previously supplied by **SAILCITY PACKAGING** and in the goods and services that will be supplied in the future that remain unpaid by us/me. I/We further hereby waive the right to receive a verification statement for purposes of s.148 of the Act.

I/We warrant to **SAILCITY PACKAGING** that I/We are authorised Directors, Employees or Agents of the Applicant to enter into this contract on behalf of the Applicant.

Authorised Signature:

Title:

Full Name:

Date:

Office Use Only

Action:

Authorised:

Account Manager:

Credit Limit:

PPSA Number:

Date:

Initial

**Please post completed form to P O Box 29016 Greenwoods Corner Auckland 1347
Alternately Fax to 09 624 6734 or scan & email to sailcitypackaging@xtra.co.nz**