

CREDIT APPLICATION FORM

In order to operate a credit account with Elite Mechanical & Engineering Services Limited please complete the following and return to

PO Box 4373, Wanganui or email to admin@eliteengineering.co.nz

# BUSINESS INFORMATION

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Trading Name (if different) |  | [ ]  Sole Trader |
| Phone | Fax |  | [ ]  Partnership |
| E-mail |  | [ ]  Limited Liability Company |
| Postal Address |  | [ ]  Other |
| Physical Address |  |  |

# CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Accounts Payable Contact |  | Purchasing Contact |  |
| E-mail |  | E-mail |  |
| Phone |  | Phone |  |
| Mobile |  | Mobile |  |
|  |  |  |  |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |

# agreement

1. All invoices are to be paid by the 20th of the month following date of the invoice. If not paid by the due date you may be liable for any collections fees/costs associated with recovering the outstanding debt.
2. All goods remain the property of Elite Mechanical and Engineering Services Ltd until receipt of cleared, full payment
3. Claims arising from invoices must be made within seven (7) working days.
4. By submitting this application, you authorize Elite Mechanical & Engineering Services Limited to make inquiries into business/trade references that you have supplied, and that this information will be used solely for the purpose of establishing your credit history.

# SIGNATURE

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signatory |  | Signature |  |
| Position |  |
| Date |  |