

## CREDIT ACCOUNT APPLICATION AND AGREEMENT FOR INDIVIDUALS, SOLE TRADERS, PARTNERHIPS AND TRUSTS

<b>ACCOUNT TYPE</b> (delete not applicable)		Individual	Sole Trader	Partnership	Trust
<b>APPLICANT(S) DETAILS:</b> For Joint or Partnership accounts, details of all applicants must be provided. Use separate page if necessary.					
Full Name					
Residential Address					
Postal Address					
Date of Birth (please attach a form of ID)					
Contact Details		Private Phone No.		Mobile No.	
		Business Phone No.		Fax No.	
		Email Address:			
Employer					
Nature of Business (Main Activity)					
Anticipated Value Monthly Purchase		\$		Maximum Credit requested \$	
Order Number required for purchases		No <input type="checkbox"/>		Yes <input type="checkbox"/> If yes state format.	
Contact Person for Payment of Account				Email Address	
Have proceedings for bankruptcy, insolvency or recovery of debt ever been brought against you?					
No <input type="checkbox"/>		Yes <input type="checkbox"/>		If yes provide details:	
.....					
.....					
Bankers		Solicitors		Accountant	

### TRADE REFERENCES

Name	Location	Ph. No.	Fax No.	Av. Mth spend

Have you ever had an account application declined by a supplier? No  Yes   
 If yes please provide details eg. Supplier, date. ....

**All fields must be completed before this application can be processed. Please also complete the attached Statement of Financial Position.**

# DECLARATION FORM

**APPLICANT NAME:** ..... (“Applicant”)

The Applicant hereby applies for a Trade Credit Account with Stevenson in accordance with Stevenson’s Terms of Trade Credit and Terms of Trade attached or available at www.stevenson.co.nz. The Applicant warrants and represents that all information in this Application is accurate and complete. Stevenson may refuse this Application at its absolute discretion.

**APPLICANT TO COMPLETE:**

Signature..... Print Name..... Position.....  
 Date.....

**WITNESS TO COMPLETE:**

Signature..... Print Name.....  
 Address: .....

.....  
 Completed forms to be returned to the address stated or **posted** to:  
 Stevenson Group Limited  
 PO Box 15 Cnr Fitzgerald & Quarry Roads  
 Drury, Auckland 2247 Drury, Auckland

**FOR OFFICE USE ONLY**

**Sales Department to complete**

<b>LOB Category Codes</b>	Trade Class:	Account Manager:
Segment:	Customer Management Group:	Customer Rating:
RMX Load Charge (please circle) 1 2 3		
<b>Billing Page1</b>		
Adjustment schedule: (please circle) Co.7 SRL Co.8 SEL Co.14 SLL Co.25 CON		
Customer Price Group:		

**Credit Department to complete**

Checked by..... Date .....

Approved by ..... Declined by .....

Date: .....

Credit Limit \$

Account No.

Comments: