

Kiwiflora Nurseries 2019 Limited
 851 Waterholes Road
 Templeton
 CHRISTCHURCH 7678

Phone: 03 349 4582
 Fax: 03 349 4562
 Email: info@kiwiflora.co.nz
 Website: www.kiwiflora.co.nz

CREDIT APPLICATION FOR MONTHLY CHARGE ACCOUNT

Payment terms – on or before 20th of the month following
Interest will be charged on overdue amounts

Customer Name / Trading Name:					
Business Structure:					
Sole Trader	Partnership	Limited Co	Trust	Incorporated Society	Charitable Trust
Trade References (excluding credit cards, fuel suppliers, power and phone suppliers)					
Business Name & Contact Person:			Email:		
1.					
2.					
3.					

ALL APPLICANTS TO COMPLETE THIS SECTION:
Company Name:
Trading Name (if not the same as above):
Previous Trading Name:
Number of years trading:
Postal Address:
Code:
Physical Address
Code:
Phone: Business
Phone: Mobile
Email for accounts:
Email for tradelists:
G.S.T. Number:
Type of Business (what industry):
Bank:
Branch:

LIMITED COMPANY DETAILS:

Company Number:

Contact person for accounts:

Certification of Incorporation:

Please attach copy

Directors' Details:			
Full Names:	Address:	Phone Number:	Date of Birth:
Shareholders' Details:			
Full Names:	Address:	Phone Number:	Date of Birth:

SOLE TRADER / PARTNERSHIP DETAILS:

Full Names:	Address:	Phone:	Date of Birth:	Extent of share
Identification type and number (copy of identification to be attached)				
Birth certificate/Driver's licence/Passport Number:				
Identification type and number (copy of identification to be attached)				
Birth certificate/Driver's licence/Passport Number:				
Identification type and number (copy of identification to be attached)				
Birth certificate/Driver's licence/Passport Number:				
Next of Kin not living with you (for Sole Traders, Partnerships only)				
Name:				
Address:				
Phone:				
Email:				
Occupation:				
Relationship to you:				

TRUSTS / INCORPORATED SOCIETIES
For Trusts, please list Trustees:
Copy of Trust Deed must be attached, including any subsequent amendments
For Incorporated Societies
President:
Secretary:
Treasurer:
Certificate of incorporation to be attached

SIGNATURE OF APPLICANT:
FULL NAME:
DATE:
SIGNATURE OF WITNESS:
FULL NAME:
DATE:

By signing this application all parties agree to credit checks against both the company and any parties signing the form.

PERSONAL GUARANTEE IF APPLICANT IS A COMPANY

1. In consideration of Kiwiflora Nurseries entering into this agreement to supply the Customer, at the request of the guarantor, the guarantor hereby unconditionally and irrevocably guarantees the due and punctual performance, observance and compliance by the Customer will all of the provisions of this agreement.
2. Although as between the Guarantor and the Customer, the Guarantor may be a surety only, as between the Guarantor and Kiwiflora Nurseries, the Guarantor shall be liable as a principal party under this guarantee or under any extension, amendment or variation of this guarantee and may be so treated in all respects by Kiwiflora Nurseries.
3. The liquidation of bankruptcy of the Customer or the Guarantor or any of them or any person or persons or the exercise or non-exercise by Kiwiflora Nurseries of any of the powers of Kiwiflora Nurseries under this guarantee or the waiver or partial waiver, variation, modification, assignment or transfer of this agreement, or any other dealings whatsoever by Kiwiflora Nurseries with the Customer or Guarantor or any other person or persons shall not exonerate or release the Guarantor from liability under this guarantee nor shall the Guarantor be released by any other act, omission or thing whatsoever whereby the Guarantor as surety only would have been so released.

GUARANTOR'S EXECUTION (all companies to complete)	
I HEREBY ACKNOWLEDGE AND AGREE TO THE ATTACHED TERMS AND CONDITIONS OF SALE AND THE TERMS OF THE GUARANTEE CONTAINED ABOVE	
Signature	Witness Signature
Full Names:	Full Names:
Relationship to Applicant:	Occupation:
Address:	Address:
Date:	Date:

