



Waikato Door Specialists Ltd
PO Box 10476 Te Rapa, Hamilton 3241
Ph 07 849 7695 Fax 07 849 2946
email info@wds.co.nz
www.waikatodoorspecialists.co.nz

Application for Credit Account

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Buyer:

Sole Trader / Partnership ☐ Limited Company ☐ Trust ☐ Other ☐ New Customer: Yes /No
Legal Name: _____ Company Number: _____
Trading Name: _____ Date Co. Established: _____
Physical Address: _____ Post Code: _____
Postal Address: _____ Post Code: _____
Previous Company Name & Address (If less than 2 years): _____

Telephone: () _____ Fax: () _____ Mobile: () _____

E-Mail for General Inquiries : _____

E-Mail for Accounts: _____ Contact Person: _____

Details of Directors/Trustees (If Limited Company/Trust)

1. Full Name: _____	2. Full Name: _____
Date of Birth: _____	Date of Birth: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Details of Owner/Partners (If Sole Trader/Partnership)

1. Full Name: _____	2. Full Name: _____
Date of Birth: _____	Date of Birth: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Trade References:(excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____	Phone No: _____
2. _____	Phone No: _____
3. _____	Phone No: _____

Bank Branch / Account Number: (For the purpose of identifying online payments) _____

Solicitors Name and Address: _____

Accountants Name and Address: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Waikato Door Specialists Ltd which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Buyer I shall be personally liable for the performance of the Buyer's obligations under this contract.**

Signed (Buyer): _____ Approved By (Seller): _____

Full Name: _____ Application Approval Date: _____

(Owner / Partner / Director / Shareholder) **Circle One**