

BBQ FACTORY LTD

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ACCOUNT APPLICATION FORM

IMPORTANT Please ensure accurate and full information is provided to assist us in identifying you and your company correctly.

LEGAL NAME/COMPANY NAME (not trading name): _____

TRADING NAME: _____ LIMIT SOUGHT (\$): _____

POSTAL ADDRESS: _____

DELIVERY ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____ WEBSITE: _____

BANK/BRANCH: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

IF YOU ARE A NEW OWNER OR A NEWLY CREATED BUSINESS, PLEASE STATE YOUR PREVIOUS ADDRESS AND OCCUPATION:

PLEASE COMPLETE THIS SECTION IF THE BUSINESS IS A LIMITED LIABILITY COMPANY

COMPANY NUMBER AND REGISTRY: _____ DATE OF INCORPORATION: _____

ADDRESS OF REGISTERED OFFICE: _____

PAID UP CAPITAL: \$ _____

OWNER(S)/DIRECTOR(S) DETAILS:

	CHRISTIAN NAMES	SURNAME	HOME ADDRESS	HOME PHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PLEASE COMPLETE THIS SECTION IF YOU ARE TRADING AS AN INDIVIDUAL, A PARTNERSHIP OR A SOLE TRADER

DATE OF PARTNERSHIP AGREEMENT: _____ DATE TRADING COMMENCED: _____

<u>PARTNERS:</u>	CHRISTIAN NAMES	SURNAME	HOME ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TRADE REFERENCES : (If your business is newly established with no trading history, please supply personal references)

	COMPANY	CONTACT NAME	TELEPHONE	A/C OPEN SINCE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

THE APPLICANT UNDERTAKES AND ACKNOWLEDGES:

1. THAT UNDER THE PRIVACY ACT THE REFERENCES ABOVE ARE AUTHORISED TO PROVIDE A CREDIT OPINION ON THE ABOVE APPLICANT.
2. THAT CREDIT IS GRANTED AT THE DISCRETION OF BBQ FACTORY LIMITED AND MAY BE WITHDRAWN AT ANY TIME.
3. THAT BBQ FACTORY LTD HAS INFORMED ME/US THAT INFORMATION PROVIDED IN THIS APPLICATION MAY BE USED FOR THE PURPOSE OF ASSESSING THIS APPLICATION, AND IN THE COURSE OF THIS ASSESSMENT MAY BE DISCLOSED TO A CREDIT REPORTING AGENCY.
4. **THAT THE TERMS OF PAYMENT SHALL BE STRICTLY THE 20TH OF THE MONTH FOLLOWING DELIVERY OF THE GOODS/SERVICES.**

(PRINT) NAME OF APPLICANT: _____ DESIGNATION: _____

SIGNATURE OF APPLICANT: _____ DATED THIS _____ DAY OF _____ 20 _____