

DARLIN NZ LIMITED - APPLICATION FOR CREDIT AND TERMS OF TRADE

FAX: 09 929 3020 E-MAIL: SALES@DARLIN.CO.NZ OR POST TO: PO BOX 349, KAE0 0448

TRADING NAME _____ PHONE: _____

STREET ADDRESS		FAX:
		MOBILE:
POSTAL ADDRESS		E-MAIL:
	POSTCODE:	NO. OF YEARS TRADING

BUSINESS TYPE (please tick) Sole Proprietor Partnership Company Trust

COMPANY/TRUST NAME _____

OWNERS/DIRECTORS INFORMATION	
NAME	NAME
PRIVATE ADDRESS	PRIVATE ADDRESS
HOME PHONE	HOME PHONE

CURRENT TRADE REFERENCES			
BUSINESS NAME	CONTACT	ADDRESS	PHONE NUMBER

TERMS AND CONDITION OF SUPPLY

- 1 I/We understand that payment in full is to be made by the 20th of the month following invoices date and that Darlin NZ will be entitled to charge interest at the rate of 2.5% per month on all amounts that have not been paid in full by that date.
- 2 I/We understand that title to and property in the products supplied does not pass until payment is made in full.
- 3 I/we understand that any costs incurred in the collection of an overdue account including commission, legal expenses and other incidentals will be added to the account due and I/we accept liability for these costs
- 4 I/we authorized any person or company to provide you with such information as your may required in response to your dealings that I/we have with you as result of this application being actioned by you

PERSONAL GUARANTEE

I/WE _____.(full names/s of guarantor/s) in consideration of you agreeing to supply goods on credit to _____.(full name/s of customer)

do hereby jointly and severally agree and undertake with you as follows:

I/We hereby guarantee and undertake to DARLIN NZ the due payment of all amounts which are due or at any time before due to DARLIN NZ by the Principal Debtor.

The Guarantee is a continuing or standing guarantee.

No granting of credit, extension of former credit or granting of time to the Principal Debtor and no waiver, indulgence or neglect to sue by DARLIN NZ shall impair or reduce this Guarantee.

As between myself/ourselves and DARLIN NZ I/we shall also be deemed to be a Principal Debtor and liable to DARLIN NZ accordingly.

Signed _____ Date _____
(All Guarantors to sign)

In the presence of _____ Witness Name _____
Occupation _____ Address: _____

(Witness to sign and print name, occupation and full residential address)