

Customer Number

Account Customer

CREDIT APPLICATION


CASA Modular Systems Ltd

Phone - (64-4) 9393 777 FAX - (64-4) 9393 778 accounts@casa.co.nz

 66 Fitzherbert St
 P O Box 38-828
 Wellington 6332

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

Customer Name :-			Business Format / Style (please tick box which applies) <input type="checkbox"/> Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Division/Subsidiary of _____ <input type="checkbox"/> Government / Local Body <input type="checkbox"/> Private Buyer		
Legal Name :-					
Street Address :-			Established :- 19 ____ Employees :- _____ Capital :- \$ _____		
Postal Address :-			Business Type :- _____		
Town/City :-					
STD # -	Phone #	FAX #			

COMPANY OFFICERS/PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Contact 1 :-	Title:	Home Address:	Home Phone:
Contact 2 :-	Title:	Home Address:	Home Phone:
Contact 3 :-	Title:	Home Address:	Home Phone:

ACCOUNTANT (or Chartered Accountant) RESPONSIBLE FOR BUSINESS

FIRM :	Partner :	Phone # :
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BANK REFERENCES

NAME OF BANK:-	NAME TO CONTACT :-
BRANCH:-	ADDRESS :-
CHECK ACCOUNT # -	PHONE NUMBER :-

TRADE (or commetial) REFERENCES

TRADING FIRM NAME & TOWN	CONTACT NAME & TITLE	STD & PHONE NUMBER	ACCOUNT OPEN SINCE

AMOUNT OF MONTHLY CREDIT REQUESTED :- NZ \$ _____	Reg. G.S.T. # : _____
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TERMS + POLICY

POLICY STATEMENT: ORDERS RECEIVED FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION AND SUBJECT TO SATISFACTORY INVESTIGATIONS BEING CONCLUDED BY OUR CREDIT DEPARTMENT.

TERMS: UNLESS OTHERWISE AGREED, PAYMENT IS STRICTLY NET DUE BY 20th OF THE MONTH FOLLOWING THE DATE OF INVOICE. OWNERSHIP: ALL GOODS REMAIN THE LEGAL PROPERTY OF "CASA Modular Systems" UNTILL FULL PAYMENT IS MADE AND THE RIGHT IS RESERVED TO ENTER PREMISES AND RECOVER SUCH PROPERTY IF PAYMENT BECOMES OUTSTANDING OR IN THE EVENT OF INSOLVENCY. PROOF OF OWNERSHIP RESIDES IN THE BILL OF SALE AND THESE TERMS.

I, the undersigned, hereby certify that I am a duly authorised officer of the above firm and that the information in this credit application is correct. We agree to be bound by the TERMS & POLICY above stated (and overleaf) and agree that the information included in this credit application be used by CASA in determining the amount and conditions of credit to be extended. We further agree that CASA may utilize other sources of credit information which it considers necessary in making this determination and hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist CASA in establishing a line of credit.

SIGNATURE	TITLE	DATE
Print First Name	Initials	Print Last Name
See TERMS on reverse		

FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL!