## ARROWNAIL

P O Box 19-581 Christchurch 8241

## NEW ACCOUNT APPLICATION (To be completed in full please)

203 Maces Road Bromley

Type of business (tick)

Registered Company
Sole Trader
Partnership

Company/Trading nar	me:				
Postal Address:					
Telephone No:	Fax N	0:	Mobile:		
Nature of Business: _					
Number of Years Trac	ding:				
Managing Director/Ge	eneral Mana	ager:			
Contact Name for Payment of Accounts:					
Company Accountant:					
Company Bankers:					
GST Registered:	Yes/No	GST Num	ber:		
Trade References:					
1		Phone:			

2 Phone:	
3 Phone:	

We hereby declare the above information to be correct.

I/We acknowledge receipt of and accept the terms and conditions of sale of Arrownail Industries Ltd as printed on reverse side of this application. To comply with the Privacy Act, I/we have signed clause 5 overleaf. I/We certify that I/we am/are authorised to accept such terms and conditions of sale on behalf of \_\_\_\_\_\_

Name:

Position in Company: \_\_\_\_\_

## TERMS AND CONDITIONS OF SALE

Unless otherwise arranged, all accounts are payable on the <u>20th of the month</u> following the month of purchase.

All claims and requests for credits must be made within seven days of receiving the goods.

Interest at the rate of 1.5% per month MAY BE CHARGED on overdue accounts (at the discretion of Arrownail Industries Ltd) as at the date exceeding the agreed terms of credit.

The ownership and property of the goods delivered remains with Arrownail Industries Ltd, until payment in full has been received. If payment is not made, Arrownail Industries Ltd shall, without prejudice to other remedies, be entitled to retake possession of the goods and recover the deficiency on resale from you.

## **PRIVACY ACT**

I hereby authorise any person or company to provide you with such credit information as you may require. I further authorise your provisions without further permission of such information to others seeking similar validation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_