



# CUSTOMER CREDIT APPLICATION

Email: sales@alphagmp.co.nz

Phone: 03 – 982 1086

Fax: 03 – 982 1087

**Please Send To: P.O. Box 7645, Christchurch**

Account Name : _____	
Postal address _____	
Delivery Address _____	
Contact numbers:	Phone _____ Fax _____ E-Mail _____ Mobile _____
Type of business (circle):	Limited Company    Partnership    Sole Trader School    Other (specify) _____
If Company – Registration Number:	_____ Date of Registration: _____
Nature of business	_____ Length of operation _____
Directors / Partners / Owner (full name and residential addresses please)	Date of Birth
1. _____	____ / ____ / ____
2. _____	____ / ____ / ____
3. _____	____ / ____ / ____
Name of Accounts Contact _____	
Business that can tell us about your trading history (Minimum of 3 please – not utilities, lawyers, accountants, or banks)	
1. _____	Phone _____
2. _____	Phone _____
3. _____	Phone _____
Estimated Monthly Purchases \$ _____ Purchase Order Required? Yes/No	

### How we like to do business (Terms and Conditions)

I/We understand that credit is granted for payment by 20<sup>th</sup> of the month following purchase and that until full payment is made to Alpha GMP Prographics Ltd (the Company) any goods supplied by the Company shall remain property of the Company and may be taken back by employees or agents of the Company if payment is overdue. I/We understand that the Company shall be entitled to terminate or suspend any credit arrangement with me/us without notice if I/we default in any of these terms and conditions.

I/We undertake to pay the account in full on or before the due date. In default of any due payment, I/we understand that the Company may charge interest on the amount outstanding at the rate of 2½% per month and I/we undertake to indemnify the Company and pay collection costs plus all legal costs on a solicitor/client basis which the Company may incur recovering from me/us on any overdue account.

Under the terms of the Privacy Act 1993, I/we authorise any person or business or organization to provide the Company with such information as they require in response to their credit inquiries. I/We authorise the Company to furnish to any third party details of this application and any subsequent dealing I/we may have with the Company as a result of tis application being actioned by the Company.

**I confirm I have read and understand the Terms and Conditions above and agree that all purchases will be made on this basis**

Signed \_\_\_\_\_ (Company director / Partner / Proprietor / Manager)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guarantee required if new business or trading less than six months or if credit will exceed \$200

<b><u>GUARANTEE</u></b>	In consideration of Alpha GMP Prographics Ltd supplying goods or services to the above customer I HEREBY PERSONALLY GUARANTEE as a continuing guarantee the due payment of all monies owed to you by the customer. I agree that no granting of time, waiver, indulgence or neglect to sue by you shall reduce or affect my liability but as between you and me I shall be deemed to be the principle debtor. I have read and understood the guarantee and my signature confirms my acceptance of the contract and guarantee.
Signature of guarantor _____	(Company director / Partner / Proprietor / Manager / Third Party)
Name of guarantor (in full) _____	D.O.B ____ / ____ / ____
Address _____	Occupation _____
Witnessed by: Name _____	Signed _____