



PROTECTIONPRODUCTDISTRIBUTORS

Credit Account Application Form

NOTE: Please complete in capital letters / clear writing. Complete section 1 or section 2 as applicable. Section 3, 4 and 5 must be completed by all applicants.

Date:

Estimate monthly purchases (value or volume)

1. LIMITED COMPANY APPLICATION

Trading name: Limited Company name:

Trading address: Company registration No.:

..... Registered office:

.....

Tel: Directors:

Email: Manager:.....

2. NON-LIMITED COMPANY APPLICATION

Trading name: Proprietor 1:.....

Trading address: Proprietor 1 home address:

.....

..... Proprietor 2:.....

Tel: Proprietor 2 home address:

Email:

3. PREFERRED ADDRESSES

Shipping address:

Invoice address:

4. TRADE ACCOUNT REFEREES x 3

Company: Telephone:

Type of goods/service provided:

Company: Telephone:

Type of goods/service provided:

Company: Telephone:

Type of goods/service provided:

5. TERMS

Any purchases from PPD Ltd are due for payment on the 20th of the month following invoice. Credit, if granted, may be stopped if the payment terms are not adhered to. Interest costs of 2% per month compounding may be charged on overdue accounts. Any accounts not paid by the 30th may be, at the discretion of PPD Ltd, referred to a collection agency. All or any expense from the collection agency will be the responsibility of the debtor.

I hereby agree to the above.

Signed:.....

Print name:

Position within company:

Email:.....

.....

Office use only

Credit checks completed:.....

Xero Account #:.....

Qsync client folder:

Web access:

Welcome letter:

Please post your completed application form to Protection Product Distributors, PO Box 10016, Te Rapa Hamilton, 3241, New Zealand or scan and email to office@protectionproducts.co.nz

office. +64 (0)7 829 7354

em. office@protectionproducts.co.nz