



## HOTEL ON DEVONPORT CREDIT APPLICATION FORM

This PDF is an interactive form which will allow users to type directly into the document. To go from field to field please use the tab key.

### COMPANY DETAILS

Registered Company Name:

Company Registration Number:

Trading Name:

Street Address:

Postal Address:

Telephone:

Facsimile:

GST Number:

Estimated Monthly Spend:

### TYPE OF COMPANY (please circle one)

Sole Trader      Partnership      Trust      Limited Company      Government Dept      Other

If "other" please state type:

### ACCOUNTS DEPARTMENT CONTACT DETAILS

Name:

Position/Title:

Email Address:

Telephone:

Facsimile:

### OTHER CONTACT DETAILS:

Name of Financial Controller:

Name/s of Directors/Proprietors:

### REFERENCES: (please list three)

*References are not required for government departments*

1 Company Name:

Address:

Telephone Number:

Contact Name:

Contact Email:

2 Company Name:

Address:

Telephone Number:

Contact Name:

Contact Email:

3 Company Name:

Address:

Telephone Number:

Contact Name:

Contact Email:

### ACCEPTANCE OF TERMS & CONDITIONS OF CREDIT

- By signing this credit application the applicant confirms they have read and understands the terms of this agreement and all information provided is true and correct.
- The applicant understands and consents to Hotel on Devonport requesting and retaining information about the company for the sole purpose of checking credit worthiness.
- If an account is granted, invoices must be paid within 7 days of receipt. This may be extended to the 20<sup>th</sup> of the month following invoice after 12 months provided there has been at least one invoice per month and there have been no late payments.
- Hotel on Devonport may, at its sole discretion suspend, cancel, amend or delete any account due to non payment.

### AUTHORISED SIGNATORY

Print Name:

Signature:

Date:

### OFFICE USE ONLY

Approved

Declined

Name:

Date:

PLEASE FAX BACK TO 07 578 2669 OR SCAN & EMAIL TO PAULA@HOTELONDEVONPORT.NET.NZ