

Credit Account Application

To be completed by Applicants: Please complete all sections and read Terms & Conditions of Trade on our [website](#)

Please email completed form to receivables@saecowilson.co.nz

www.saecowilson.co.nz

Company Details

Legal Name: _____

Trading Name: _____

Postal Address: _____ Post Code: _____

Delivery Address: _____ Post Code: _____

Telephone: _____ Cell Phone: _____

☐ Company ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Incorporated Society

Company Registration No: _____ Date Registered: _____

Details of Owner (if Sole Trader*), Partner (if Partnership), or Director (if Company) *d.o.b only required for Sole Traders

Name: _____ Address: _____ D.O.B: ____/____/____

Name: _____ Address: _____ D.O.B: ____/____/____

Contacts

Accounts Payable: _____ Tel: _____ Email: _____

Purchasing: _____ Tel: _____ Email: _____

Trade References

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS & CONDITIONS OF TRADE on the website www.saecowilson.co.nz which forms part of and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein and authorise SAECOWilson Limited and its trading divisions to obtain personal information to enable any credit agency to ascertain the creditworthiness of any person or entity and to obtain or compile credit reports, character references or credit statements and to use or release such information to any person or entity for those or any other purpose associated with their normal business activities. I (the customer) accept I shall be liable for all cost of enforcement and collection, including legal costs on a solicitor and own client basis, that are incurred relating to an overdue account.

Please Sign Here:

Name: _____

Position: _____

Date: _____

Office Use Only

Account Number: _____

Ship to Number: _____

Credit Limit & Approval: _____

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