

# CREDIT APPLICATION FORM

Scan and email to [accounts@leafland.co.nz](mailto:accounts@leafland.co.nz)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Accountant: \_\_\_\_\_

Bank Name : \_\_\_\_\_

## Business Referrals

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Declaration:** The information given above is true and correct and I agree to the terms and conditions below.

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

## Terms and Conditions:

1. Payment is due on the 20th of the month following delivery.
2. All goods remain the property of the vendor until payment is received in full.
3. Interest may be charged on all overdue accounts.
4. The debtor agrees to pay all collection costs incurred in recovering any overdue amounts.
5. Credit may be stopped without reason given for doing so.
6. Claims and returns must be made within 14 days and original invoice number must be quoted.
7. The applicant to this credit request authorises any person or company to provide Leafland or its agents such information that may be required in support of this application.
8. Any discounts given may be reversed if payment is not received by the due date.
9. Refer to the Wholesale Terms of Trade at the back of Leafland's current catalogue.