

APPLICATION FOR CREDIT ACCOUNT

Displayways Contact: _____ **Date:** _____

Company Name: _____

Business Address: _____

Postal Address: _____

Telephone No: _____ Fax No: _____

Accounts Contact Name: _____ Phone No: _____

Accounts Receivables Email Address: _____

Has the Applicant had an account with Displayways previously? Yes / No

Registered Office Address: _____

Telephone No: _____ Date Established: _____

Director(s) Full Name: a) _____ Telephone: _____

Director(s) Address: _____

b) _____ Telephone: _____

Trading Bank: _____ Branch: _____

Accountants: _____ Telephone: _____

For reference purposes please provide the names of three major suppliers to the applicant.

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

We apply to establish a credit account with you and give our consent to Displayways (NZ) Ltd seeking information to establish the credit worthiness of our business. We also agree that purchases / rentals will be on and subject to the terms contained in your standard conditions of sale.

In consideration of Displayways (NZ) Ltd agreeing to provide goods and services to the above company I personally guarantee the due and punctual payment of all monies payable pursuant to this agreement.

In the event of non-payment of any or all monies payable, I accept liability as the principle party and will on written demand make full payment on all outstanding monies due.

Signature of Applicant:	
Name:	
Position:	Date: