

# ACCOUNT APPLICATION FORM



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Please complete the details and FAX TO: (09) 272 8883  
MAINSTREAM NEW ZEALAND LTD PO Box 58 961 Botany, Auckland 2163  
Phone: (09) 272 8888 Fax: (09) 272 8883

Full Legal Business Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: (0 ) \_\_\_\_\_ Mobile: (0 ) \_\_\_\_\_ Fax: (0 ) \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_

Expected Average Monthly Purchases: \$ \_\_\_\_\_

Type of Business (please circle): **Limited Liability Company** **Sole – Trader** **Partnership**

Sales Contact: \_\_\_\_\_

Sales Contact email: \_\_\_\_\_

Warehouse Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Are you a Chep User: Yes / No If yes please supply your Chep A/C#: \_\_\_\_\_

## LIMITED LIABILITY COMPANY:

Paid Up Capital: \$ \_\_\_\_\_ Date of Registration \_\_\_\_\_ Registration # \_\_\_\_\_

Directors: \_\_\_\_\_

## SOLE TRADER OR PARTNERSHIP:

Owners Name(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_

Private Address(es): (1) \_\_\_\_\_

(2) \_\_\_\_\_

Private Phone: (0 ) \_\_\_\_\_ Date When Trading Commenced: \_\_\_\_\_

## TRADE REFERENCES: (Preferably Related Industries)

Name: \_\_\_\_\_ Phone: (0 ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (0 ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (0 ) \_\_\_\_\_

I/We agree that Mainstream New Zealand Ltd (hereafter known as Mainstream) Terms of Trading are payment on the 20th of the month following invoice (as per conditions of contract stated on the reverse of our consignment notes), or unless prior arrangements have been made.

I/We also agree that Mainstream have the right to charge interest on all outstanding monies at a rate of Mainstream's overdraft interest rate plus 5% margin, and that any costs incurred in collection of the overdue account will be for our account.

I/We authorise any company to provide Mainstream with such information Mainstream may require as a result of our credit enquiries.

Further I/We authorise Mainstream to give any third party details of this application and any subsequent dealings that I/We have with Mainstream as a result of business relationship.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Proprietor/Partner/Director)

Please Print Full Name: \_\_\_\_\_

## For Office Use Only

Account Number: \_\_\_\_\_ Date Credit Approved: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ Customer Service Rep: \_\_\_\_\_

Category: FR8 CLA AGE Pick Up Driver: \_\_\_\_\_