

**SECTION 1: Applicants Business Details**

Applicant Trading Name:	NZ GST
Applicant Full Legal Name (Trustee in case of Trust):	CO NO.
If Applicant is acting as a Trustee what is the Trust's full name?:	NZ GST
If Trustee is an individual, what is the Trustee's full name?:	DOB
Type/Nature of Business: (Govt , School/University, Hospital Manufacturer, Reseller, Other?)	

**SECTION 2: Contact Details**

<b>Office Address</b>				<b>Phone/Email</b>	
Address				Office Telephone No.	
				Mobile No.	
				Fax No	
Town/Suburb	State	Country	Postcode	Email Address	
<b>Postal Office Address</b>				<b>Contacts</b>	
Address PO Box				Accounts Contact	
				Sales Contact	
				Do you wish to receive backorders Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Note: Backorders not available for cash accounts	
				Does the sales contact wish to receive our e-newsletter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				If you have alternative branches, please specify how many <input type="text"/>	
Town/suburb		Country			
State		Postcode			

**SECTION 3A: Payment Method**

Cash Terms - Cash Accounts must pay invoice value in full prior to the release of any goods

Credit Terms – Credit Accounts, 30 day trading terms from end of month Credit limit requested (Min \$5000)

\* Credit card surcharges apply for any credit account settlement. (Diners card not accepted).  
\*\* Direct Deposits must use a purchase order number and quotation or invoice number as a reference

No further details are needed if all previous sections are fully completed, your ABN confirms your legal name AND :

- You are a Government Department, School, or Hospital; OR
- You are applying for a CASH account please simply skip section 3B and proceed to sections 4

**SECTION 3B: Trade References** (The following are not suitable for a successful application: Related companies, credit card companies, couriers, utilities, office supplies)

Trade Reference 1	<b>OFFICE USE ONLY</b>	Trade Reference 2	<b>OFFICE USE ONLY</b>
	A/C Opened		A/C Opened
Phone Number	Ave Monthly Sales	Phone Number	Ave Monthly Sales
	Payment Terms		Payment Terms
	Payment Days		Payment Days

**SECTION 4: Standard Terms & Conditions**

This is a short form account application form. You are entitled under law to many conditions of contract. For full terms and conditions see <http://www.electusdistribution.co.nz/page/terms.aspx>  
By signing this form you agree to be bound by these terms and conditions, and also giving consent to registration on PPSR in accordance with the PPSA legislation.

Full name  Signature  Date

**Office Use Only**

Reporting Agent Checks	Reporting Agency Name:	Risk Code	Rating: Low/ Moderate / High
Reference Check Done (On High Risk)	Yes / No. If No, Comments		
Personal guarantee obtained	Yes / No. If No, Comments		
Copy of Deed of Trust (if applicable)	Yes / No. If No, Comments		
Credit Limit Approved	\$	Credit Terms:	
Recommended by:	Salesman:	Approved by:	Date:
PPSR Registration Y/N	Registration #	Registration Date:	Expiry Date:
System Account No:	Processed by:	Signature:	Date: