

New Client / Credit Application Form

Please complete and return to fax number 09 5713228 or email to info@lims-hvac.co.nz

REGISTERED NAME _____

TRADING AS _____

TYPE OF BUSINESS Please Circle one: Limited Company / Sole trader / Partnership / Other

PHYSICAL/DELIVERY ADDRESS _____

POSTAL ADDRESS _____

CONTACT _____ PHONE _____

FACSIMILE _____ MOBILE _____

E-MAIL _____

OWNERS NAME _____ PHONE _____

CONTACT PERSON FOR PAYMENT _____

BANK/ BRANCH _____ GST NUMBER _____

BANK ACCOUNT NUMBER _____

TRADE REFERENCES:

COMPANY NAME _____ PHONE _____

COMPANY NAME _____ PHONE _____

COMPANY NAME _____ PHONE _____

MONTHLY CREDIT LIMIT REQUESTED _____

DO YOU CONSENT TO RECEIVING NEWSLETTERS & PROMOTIONS BY EMAIL? YES / NO

ACCEPTED _____

Sign

Print Name

TITLE _____ DATE _____

Position held at company

Signing confirms acceptance of our Terms and Conditions received and also authorizes us to collect information about your company or about you from the trade references named above and also from credit reference agencies. LIMS acknowledges that such information is collected for the purpose of considering your application to open a credit account and for all purposes in connection with your request for the purchase of goods and services from us. You also consent to pay this account on the 20th of the month following the invoice date. Claims on any grounds must be made within 7 days of the invoice/statement. If payment is not made by the due date the client, company and or personally may be liable for all costs of recovery and collection fees, which may include interest for late payment.

LIMS Imports

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