

# SIMON GROUP (NZ) LIMITED

## APPLICATION FOR TRADE CREDIT

Office Use Only

Date received \_\_\_\_\_

Account Code

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Branch Authorisation/Comments:

PLEASE COMPLETE ALL SECTIONS –(N/A if not Applicable) AND USE BLACK PEN

Entity Name as registered:

IRD:	Established Since:
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
<input type="checkbox"/> Private Company	
<input type="checkbox"/> Public Company	

Parent Company Name:

Head Office Address:

Proprietors/Partners/Directors Name	Private Address	Private Phone Number

Registered Trading Name:

Business Address:

Postal Address:

Email:	Phone:	Fax:
NAME	EMAIL	PHONE
Manager:		
Accountant:		
Accounts Payable:		
Freight Contact:		

Estimated Weekly Usage:

**TRADE REFEREES**

Business Name	Contact Person	Phone/Email

**PRIVATE COMPANIES GUARANTEE: (for Private Companies Only)**

I/We do hereby request SIMON GROUP (NZ) LIMITED to provide services on credit to the abovementioned private company and in consideration of SIMON GROUP (NZ) LIMITED so doing hereby jointly and severally guarantee to SIMON GROUP (NZ) LIMITED the due payment of all amounts owing to SIMON GROUP (NZ) LIMITED by said company.

Director's Signature:	Name:	Date:
Director's Signature:	Name:	Date:

**TERMS AND CONDITIONS:**

I/We hereby apply to SIMON GROUP (NZ) LIMITED for credit accommodation and submit this information for that purpose. I/We have never been bankrupt, nor have I/We ever been a Manager or Director of any company which has gone into liquidation, appointed an official manager, entered into a scheme of arrangement with creditors or had a receiver or receiver and manager appointed.

I/We acknowledge your Company's [Conditions of Carriage and Storage \(ST055\)](#) available from [www.simon.com.au](http://www.simon.com.au) and also that payment shall be made within **seven (7) days of the date of your invoice**. I/We acknowledge overdue accounts may be closed without notice and are subject to an administration charge. I/We further agree to pay any debt collectors' expenses for any amount entrusted to a collector and to indemnify you for all other costs incurred by you howsoever arising from the collections of any monies due by me/us to you.

I/We agree, in accordance with the provisions of paragraphs (b), (e) and (h) of s. 18K(1) and/or S.18L(4) of the Commonwealth Privacy Act 1988, that Simon Transport has informed me/us, in accordance with s.18E(8) (c) of the Privacy Act 1988, that:

\* certain items of personal information about me/us contained in this application and permitted to be kept on a credit information file might be disclosed to a credit reporting agency, and/or

\* disclosure by a credit reporting agency; and/or

\* Use of the relevant information referred to in those sections may occur for the purpose of assessing this application.

I/We acknowledge that this agreement shall continue to have effect for the duration of the loan contract should my/our application be approved

Owner/Partner/Director/Company Secretary Signature:	Name and Position:	Date:
Owner/Partner/Director/Company Secretary Signature:	Name and Position:	Date:

PLEASE RETURN COMPLETED FORM TO [debtors@simon.com.au](mailto:debtors@simon.com.au) or FAX : +61 7 4634 5846

SIMON GROUP (NZ) LIMITED IRD 106223173

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