

ACERENTAL

292 Waipapa Road, KERIKERI 0246 Phone: 0800 407 500 • (09) 407 5005 Email: admin@aceequipment.co.nz Web: www.acerental.co.nz

## CREDIT ACCOUNT APPLICATION

GST No. 102-755-553

| ТОВЕС                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | completed by Applicants         | - Flease Co | ompiete ali secti | ons and read the Tern | is and Conditions overlear or atta | acried.                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|-------------------|-----------------------|------------------------------------|-------------------------|--|
| Client's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |             |                   |                       |                                    |                         |  |
| Full or Legal Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |             |                   |                       |                                    |                         |  |
| Trading Name: (If differe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent from above)                 |             |                   |                       |                                    |                         |  |
| Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |             |                   |                       |                                    | Postcode:               |  |
| Billing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |             |                   |                       |                                    | Postcode:               |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       |                                    |                         |  |
| Phone No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | one No: Fax No:                 |             |                   |                       |                                    | Mobile No:              |  |
| Personal Details: (please complete if you are an Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |             |                   |                       |                                    |                         |  |
| D.O.B. Driver's Licence No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |             |                   |                       |                                    |                         |  |
| Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |             |                   |                       |                                    |                         |  |
| Company Number: Date Incorp. (current owners):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       |                                    |                         |  |
| Nature of Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ature of Business:              |             |                   |                       |                                    | GST No: (if applicable) |  |
| Paid Up Capital: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Estimated Monthly Purchases: \$ |             |                   |                       | Credit Limit Required: \$          |                         |  |
| Principal Place of Business is: ☐ Rented ☐ Owned ☐ Mortgaged (to whom):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |             |                   |                       |                                    |                         |  |
| Directors / Owners / Trustee (if more than two, please attach a separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |             |                   |                       |                                    |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |             |                   |                       | D.O.B.                             |                         |  |
| Private Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |             |                   |                       |                                    | Postcode:               |  |
| Driver's Licence No: Phone No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       | Mobile No:                         |                         |  |
| (2) Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       | D.O.B.                             |                         |  |
| Private Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |             |                   |                       |                                    | Postcode:               |  |
| Driver's Licence No: Phone No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       | Mobile No:                         | 1 2 2 2 2 2 2 2         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |             |                   |                       |                                    |                         |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |             |                   |                       |                                    |                         |  |
| Purchase Order Required?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |             |                   |                       |                                    |                         |  |
| Accounts Email Address:  Accounts Contact:  Phone No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |             |                   |                       |                                    |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |             |                   |                       |                                    |                         |  |
| Bank and Branch: Account No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |             |                   |                       |                                    |                         |  |
| Trade References: (please provide companies that are willing to do trade references)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |             |                   |                       |                                    |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name: Address:                  |             |                   | SS:                   | Phone / Fax / Email:               |                         |  |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |             |                   |                       |                                    |                         |  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |             |                   |                       |                                    |                         |  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |             |                   |                       |                                    |                         |  |
| I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS (overleaf or attached) of ACE Rental Limited which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract. |                                 |             |                   |                       |                                    |                         |  |
| SIGNED (CLIENT): SIGNED (ACE):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       |                                    |                         |  |
| Name: Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |             |                   |                       |                                    |                         |  |
| Position: Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |             |                   |                       |                                    |                         |  |
| WITNESS TO CLIENT'S SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |             |                   |                       |                                    |                         |  |
| Signed: Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |             |                   | Name:                 | Date:                              |                         |  |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |             |                   |                       |                                    |                         |  |
| Account / Ref. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CREDIT LIMIT                    |             | AP                | PROVED BY             | DATA INPUTTED                      | DATE                    |  |

\$