



Full Flavour Ltd
 Postal Address: PO Box 13403, Tauranga Central, Tauranga 3141
 Physical Address: 148 Durham Street, Tauranga 3110
 Telephone: (07) 577 0099
 Email: support@fullflavour.nz
 Website: www.fullflavour.nz

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade attached.

Business Details <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company				
Company Name:			Company No:	
Trading Name:			Date Incorp:	
Physical Address:				Postcode:
Billing Address:				Postcode:
Email Address:			Phone No:	
Estimated Monthly Spend: \$			Credit Limit Required: \$1000	
Directors / Owners / Trustee (if more than two, please attach a separate sheet)				
(1) Full Name:			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:	
Account Terms <input type="checkbox"/> 20 th of month following invoice <input type="checkbox"/> Other:				
Accounts Contact:				
Accounts Email Address:				
Accounts Phone:				
Trade References (please provide companies that are willing to do trade references)				
Name	Address		Phone / 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 (attached) of Full Flavour Ltd 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 or shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this Agreement.**

SIGNED (CLIENT): _____ SIGNED (FULL FLAVOUR LTD): _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____ Name: _____ Date: _____

OFFICE USE ONLY				
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
	\$			/ /