



Bake Shack
 Postal Address: PO Box 5392, Mount Maunganui 3150
 Café and Bakery: 59 Hewletts Rd, Mount Maunganui 3116
 Phone: 07 575 6505 | Fax: 07 575 2640
 Email: info@bakeshack.co.nz | Website: www.bakeshack.co.nz

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants

Please complete all sections and read the Terms and Conditions of Trade overleaf or 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:	
Alternative Email Address:		Fax No:	
Nature of Business:			
Estimated Monthly Purchases: \$		Credit Limit Required: \$	
Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged (to whom):			
Directors / Owners / Trustee (circle one) – 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:	
Payment terms are strictly 7 days – Direct Debit / Direct Credit / Credit Card (circle one)			
Purchase Order Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		Accounts to be emailed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Accounts Email Address:			
Accounts Contact:		Phone No:	
Trade References (please provide companies that are willing to do trade references – excluding utility companies)			
Name	Address	Phone / Fax / Email:	
1.			
2.			

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 OF TRADE (overleaf or attached) of Enriched Baking Ltd T/A Bake Shack 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 Customer I shall be personally liable for the performance of the Customer's obligations under this contract.**

SIGNED (CUSTOMER): _____ **SIGNED (BAKE SHACK):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CUSTOMER'S SIGNATURE:

Signed: _____ Name: _____ Date: _____

OFFICE USE ONLY:		PROCESSED BY:		Signed Managing Director:
Account Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO Credit Limit: \$ _____	Direct Debit Authority Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Credit Card Authority Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Account Manager: _____	Financing Statement Registered: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: / / No. _____