



**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.

<b>Business Details:</b>				<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):							
<b>Directors / Owners / Trustee</b> (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:		
<b>Payment terms are strictly 7 days – Direct Debit / Direct Credit / Credit Card</b> (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:		
<b>Trade References</b> (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:				
<b>PROCESSED BY:</b>	<input type="checkbox"/> Credit Controller	<input type="checkbox"/> Manager	<b>Signed Managing Director:</b>	
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. _____