



Blacks Fasteners Limited

Sales NZ Free Phone 0800 652 463
Accounts Phone 03 353 0087 Fax 03 353 0088

www.blacksfasteners.co.nz
accounts@blacksfasteners.co.nz

ACCOUNT APPLICATION FORM

APPLICANTS FULL LEGAL NAME _____

ACCOUNT TRADING NAME (IF APPLICABLE) _____

BILLING ADDRESS _____

DELIVERY ADDRESS _____

CONTACT NAME _____

PHONE (2 NUMBERS REQUIRED) 1 _____ 2 _____

EMAIL _____

TYPE OF BUSINESS _____

CREDIT LIMIT APPLIED FOR \$ _____ OR ☐ CASH ACCOUNT

CREDIT REFEREES *Not required for cash accounts. Banks, finance companies, telephone companies and other utility companies are not acceptable.*

1 _____ PHONE _____

2 _____ PHONE _____

3 _____ PHONE _____

PAYMENT TERMS AND CONDITIONS WITH BLACKS FASTENERS LIMITED

I/We apply to open a monthly credit account and acknowledge that I/we have read the terms stated and agree to abide by these terms.

1. Payment is due on the 20th of the month following the delivery. Failure to do so may result in the stopping of credit facilities without notice, until payment is made. Overdue accounts can incur interest charges at 2% above bank overdraft interest rates.
2. Continued non-compliance may result in the account being closed and the account being handed over to a credit agency to instigate debt recovery action to recover the amounts outstanding. All costs of collection including debt collector's fees will be added to the account.
3. I/We authorise any seller or person to irrevocably provide you with such information as you may require in response to your credit enquiries for the provision of credit to me/us. I/We further authorise you to furnish any third party details contained in this application and any details of subsequent dealings that I/we may have as a result of this application being actioned by you and to use for any lawful purpose connected with our business, any information which I/we or any third party may provide.
4. Title of these goods remains with the seller until they have been paid in full.

PLEASE TICK PREFERRED ☐ INVOICE BY EMAIL TO _____ ☐ INVOICE WITH GOODS

☐ STATEMENTS BY EMAIL TO _____ ☐ STATEMENTS POSTED

SIGNED _____ FULL NAME OF SIGNATORY _____

DATE ____ / ____ / ____ ☐ Please tick if you do not want to receive promotional material via e-mail

PLEASE TURN OVER

FOR BLACKS FASTENERS LTD OFFICE USE ONLY

SALES REPRESENTATIVE _____ DISCOUNT STRUCTURE _____

ACCOUNT NO _____

NELSON
7 Nayland Rd,
Stoke
T 03 547 5102
F 03 547 0289

BLLENHEIM
1 Sutherland Tce,
Blenheim
T 03 579 6280
F 03 578 0835

CHRISTCHURCH
39A Gasson Street,
Sydenham
T 03 365 2460
F 03 365 2464

CHRISTCHURCH
34 Nga Mahi Road,
Sockburn
T 03 348 0340
F 03 348 0346

ASHBURTON
519 East Street
Ashburton
T 03 307 4770

TIMARU
155 Hilton Highway
Washdyke
T 03 688 2280
F 03 688 2281

DUNEDIN
20 Orari Street,
South Dunedin
T 03 456 1145
F 03 456 1148

INVERCARGILL
156 Bond Street,
West Invercargill
T 03 214 4499
F 03 214 4489



Please fill in the applicable section below

PUBLIC / PRIVATE COMPANY / TRUST / CHARITY

REGISTERED NAME OF COMPANY / TRUST / CHARITY _____

COMPANY / TRUST / CHARITY NUMBER _____

FULL NAMES & ADDRESSES OF DIRECTORS / SHAREHOLDERS / TRUSTEES / OFFICERS _____

ACCOUNTANT _____ PHONE _____

SOLICITOR _____ PHONE _____

PERSONAL GUARANTEE

I/We _____ The Guarantor(s) acknowledge the I/we understand all the provisions and terms of this application and agree that in the consideration of Blacks Fasteners Ltd agreeing to supply the above applicant with goods and services from time to time, the Guarantors(s) will pay all such moneys upon demand and shall be liable as a principal debtor in respect of all liabilities to Blacks Fasteners Ltd.

FULL NAME OF GUARANTOR _____

GUARANTOR HOME ADDRESS _____

SIGNATURE _____ DATE OF BIRTH ____/____/____

FULL NAME OF GUARANTOR _____

GUARANTOR HOME ADDRESS _____

SIGNATURE _____ DATE OF BIRTH ____/____/____

DATE ____/____/____

INDIVIDUAL / SOLE TRADER OR PARTNERSHIP

SURNAME _____ FIRST NAMES _____

DATE OF BIRTH ____/____/____

RESIDENTIAL ADDRESS _____

PREVIOUS ADDRESS _____

OCCUPATION _____ NAME OF EMPLOYER _____

FULL NAME OF RELATIVE RESIDING ELSEWHERE _____

RESIDENTIAL ADDRESS _____

PHONE (LANDLINE OR MOBILE) _____ DATE OF BIRTH ____/____/____

NELSON

7 Nayland Rd,
Stoke
T 03 547 5102
F 03 547 0289

BLenheim

1 Sutherland Tce,
Blenheim
T 03 579 6280
F 03 578 0835

CHRISTCHURCH

39A Gasson Street,
Sydenham
T 03 365 2460
F 03 365 2464

CHRISTCHURCH

34 Nga Mahi Road,
Sockburn
T 03 348 0340
F 03 348 0346

ASHBURTON

519 East Street
Ashburton
T 03 307 4770

TIMARU

155 Hilton Highway
Washdyke
T 03 688 2280
F 03 688 2281

DUNEDIN

20 Orari Street,
South Dunedin
T 03 456 1145
F 03 456 1148

INVERCARGILL

156 Bond Street,
West Invercargill
T 03 214 4499
F 03 214 4489

