

CREDIT ACCOUNT APPLICATION

FLEET FIX LTD PH 580-4005 FAX .580-4006
9 Southdown Lane, Penrose
P.O. Box 13-272 Onehunga

admin@fleetfix.co.nz
www.fleetfix.co.nz

ACCOUNT NAME.....**PH**.....

MOB.....

POSTAL ADDRESS.....**FAX**.....

DELIVERY/RESIDENTIAL ADDRESS.....

EMAIL ADDRESS.....

BANK & BRANCH.....

DO YOU REQUIRE AN ORDER NUMBER YES/NO (PLEASE CIRCLE)

RECEIVE INVOICES/STATEMENTS BY EMAIL YES/NO (PLEASE CIRCLE)

TRADE REFERENCES

NAME.....**PH**.....

NAME.....**PH**.....

NAME.....**PH**.....

PERSONAL GUARANTEE (LIMITED COMPANY)

SHAREHOLDERS FULL NAMES AND RESIDENTIAL ADDRESS

1.....

2.....

Hereby personally guarantee to pay all monies due or to become due to Fleet Fix Limited for goods and services rendered to the above Company.

SIGNED 1.....

2.....

WITNESS

NAME.....SIGNATURE.....DATE.....

WE/I AGREE

1. To pay accounts owing to Fleet Fix Ltd on or before the 20th day of the month from date of invoice
2. To pay interest on overdue accounts if required and all collection costs and solicitors' fees, charges and/or enforcement costs incurred in recovering payment of this account.
3. I/We authorise any person or company to provide you with such information as you may require in response to your credit enquiries. I/We authorise you to furnish to any third party details of this application and any subsequent dealing that I/We may have with you as a result of this application being actioned by you.
4. Any concerns with workmanship or operation of goods supplied by Fleet Fix Ltd should be notified in writing within 14 days.
5. All goods remain the property of Fleet Fix Ltd until full payment has been received.
6. Any default debt, customer agrees to authorise Fleetfix Ltd to Register a security interest against the vehicle to the value of the Outstanding debt,

SIGNATURE.....NAME.....

SIGNATURENAME.....

DATE..... POSITION.....

VEHICLE DETAILS

REGISTRATION NO

MAKE

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