W D Mackenzie Transport Limited

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

CREDIT ACCOUNT APPLICATION

DATE: _____ REF No. __ CUSTOMER'S TRADE NAME: CUSTOMER'S FULL or LEGAL NAME: _____ __ Fax: _ Phone: Email: Billing Address: __ __ Physical Address: ___ __ Postcode: ___ _____ Postcode: ___ **COMMERCIAL CUSTOMERS ONLY** Company Number: ___ Requested Credit Limit: Date Established: ___ Contact 2: _____ Position: __ Position: __ DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Company) OR TRUSTEES (If a Trust) Full Name: __ __ Full Name: __ Home Address: _____ Date of Birth: __ _____ Date of Birth: __ Home Phone: Home Phone: TRADE REFERENCES Business Name 1: Address or A/C No: Fax: Address or A/C No: Business Name 2: Fax: Address or A/C No: ___ Business Name 3: __ _ Fax: _ 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 W D Mackenzie Transport Limited 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 (CONTRACTOR): _____ SIGNED (CUSTOMER): ____ Name: _ __ Name: __ __ Position: ____ WITNESS TO CUSTOMER'S SIGNATURE: This is a Credit Account Application Form under the Construction Contracts Act 2002. If you are a "Residential Occupier" please read clause 25 on the reverse.