



DATAWELL LIMITED

ACCOUNT APPLICATION AND TERMS OF TRADE

Note: Please print clearly. Completed forms should be posted to the following address: **PO Box 51-804, Pakuranga, Auckland.**
Incomplete or incorrectly completed forms will be deemed void and you will be asked to re-submit the application.

Name of Business
Postal address Street address
.....
.....
Ph () Fax Email

Type of business: **LIMITED COMPANY** **PARTNERSHIP** **SOLE TRADER**

If a limited company: Paid up capital \$.....

Names and addresses of Proprietors/Directors/Shareholders
.....
.....
.....

Nature of Business Years trading

Name of Bank Branch

Accountant Address

Solicitor Address

Have any Proprietors or Directors ever been judged BANKRUPT? YES / NO

Names of three trade references

1: Ph () Fax
2: Ph () Fax
3: Ph () Fax

I/We agree to make payment for all goods/services supplied to us and any moneys owed under this Application. Terms of Trade for this account is payment in full, being Cash or Direct Deposit, prior to delivery. I/We agree that all costs involved in collection of overdue accounts will be to our account. I/We agree that title and property in any goods supplied and/or further used in other goods shall not pass until full payment has been received by Datawell Limited. I/We agree that Datawell Limited or their agent may at any time enter any premises where their goods are held. I/We authorize Datawell Limited or their agent to make any enquiries they need in order to establish the creditworthiness of the applicant/company. I/We declare that all details supplied in this application are true and correct.

Signed Date/...../.....

Name Position : (e.g.

Proprietor/Partner/Director)

Signed Date/...../.....

Name Position : (e.g.

Proprietor/Partner/Director)

For Limited Liability Companies Only

I/We as Director /s of jointly and severally accept liability for all debts incurred to the supplier by the applicant company. I/We agree to make payment to the supplier if payment is not made by the company applying for credit under this application.

Director (*Print Name*) Director (*Print Name*).....

Signature Date...../...../..... Signature Date/...../.....