



**CREDIT APPLICATION FORM**  
FOR COMMERCIAL CREDIT

Please complete and return to:  
Key West Bolt & Supply Ltd  
1/12 Corban Avenue  
Henderson **or** [accounts@keywestbolts.co.nz](mailto:accounts@keywestbolts.co.nz)

Full trading name/s of applicant \_\_\_\_\_  
Postal address \_\_\_\_\_  
Email address \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Your bankers name \_\_\_\_\_  
Bank address \_\_\_\_\_  
Please state maximum credit requirement \$ \_\_\_\_\_  
Name of Managing Director/Managing Partner \_\_\_\_\_  
Name of person responsible for payment of account on time \_\_\_\_\_

**If a Limited Company**

Address of Registered office \_\_\_\_\_  
Year of Incorporation \_\_\_\_\_

**If a partnership give full names (not initials) and private address/es of ALL partners**

- a)
- b)
- c)
- d)

**References** Name, address and phone no. of a principal supplier:

\_\_\_\_\_  
Approximately what value do you buy from this supplier each year? \$ \_\_\_\_\_

**Declaration by Credit Applicant – We hereby request you to open a credit account.**

Director's/Partners Declaration:

I, being an authorised officer of this business, do agree that payment of all accounts will be received by your (our supplier) within your stated credit terms (Payment due 20<sup>th</sup> month following date of invoice.)

Please visit our website [www.keywestbolts.co.nz](http://www.keywestbolts.co.nz)

I/We appreciate that adherence to this obligation is the essence of the contract between us.

I/We authorise you to obtain any information that is necessary to evaluate mine/our credit worthiness.

I/We accept that if we fail to pay our account, you are authorised to pass information to an outside agent to assist in recovery.

Signed \_\_\_\_\_ Name (please print) \_\_\_\_\_  
Date \_\_\_\_\_