



Island Harbour, P O Box 1, Bluff 9842, Southland, New Zealand
 Telephone: +64 3 212 8159 Email: debtors@southport.co.nz

CREDIT APPLICATION

Company Name:		Business Activity:	
Business Address:			
Postal Address:		Post Code:	
Telephone:		Email:	

Business Status: Limited Liability Company / Sole Proprietor / Partnership / Trading Trust / Other

GST No:		Paid up:		Date:	
		Capital:		Commenced:	

Applicant's Banking Details:	Branch:	Telephone:

Credit Required: \$		Accounts Payable Email:	
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TRADE REFERENCES: provide names and telephone numbers of main suppliers from whom references can be obtained

1		Telephone:	
2		Telephone:	
3		Telephone:	

I/We accept your conditions that payment is due by the 20th of the month following invoice date.
 All activities and charges are subject to our standard terms & conditions, a copy can be located at www.southport.co.nz

Date of Application:		Authorised Company Signatory:	
Signatory Title:		Signatory Name:	

AUTHORITY AND DECLARATION

I/we acknowledge that information collected in this form and in the course of my dealings with South Port New Zealand Limited (SPNZ) is collected for the purpose of assessing the provision of services by SPNZ.
 I/we understand that I/we are not required by law to provide any information to SPNZ but failure to do so will prevent SPNZ from assessing our credit worthiness for the provision of services.

I/We authorise:

- SPNZ to collect personal information about me from third parties including, but not restricted to, credit reporting agencies, banks and employers, and for those third parties to disclose information to SPNZs.
- SPNZ to use the services of credit reporting agencies now and in future for the purposes related to the provision of services to you. This authorisation shall include the use of any monitoring services to receive updates about me if any of the information held about me/us changes.
- SPNZ to give information to credit reporting agencies about my default in any payment obligations.
- Credit reporting agencies to provide information about my default in any payment obligations to other customers of the credit reporting agencies.
- SPNZ to authorise any agent, solicitor acting on behalf of SPNZ to carry out the above.

I/we understand that pursuant to the Privacy Act 1993 I have the right to request access to and correction of any personal information held by SPNZ

Sole Traders, Partners, Company Directors (and if required directors of underlying Company) or Trustees

	Surname	First Name	Date of Birth	Address	Signature
1					
2					
3					
4					

Those persons signing above authorise SPNZ as set out in the Authority and Declaration above