

APPLICATION FOR CREDIT

For a 30 Day Account

Date:

I/We hereby apply for credit accommodation and submit the following confidential information for this purpose only to:

TO: **COSPAK (N.Z.) Limited ("Cospak")**

27 Ross Reid Place, East Tamaki, New Zealand

Mailing Address: PO Box 58927 Botony, Manukau, 2163.Auckland, New Zealand

Business Name:
Postal Address:
Delivery Address:
Registered Office:
Purchasing Contact: Phone: Fax:
Accounts Contact: Phone: Fax:
Premises: Owned:..... Leased:
Type of Business: Sole Trader / Partnership / Company / Other (please specify):
Incorporation/Registration Number: Industry:
No. of Years at Current Address: Expected Annual Usage:\$
Bank: Branch:
Accountant: Solicitor:

TRADE REFERENCES: (Please complete all 4 references)

1) Phone: Fax:
2) Phone: Fax:
3) Phone: Fax:
4) Phone: Fax:

Name and Address and Date of Birth of all Owners/Partners and /or Directors:
.....
.....
.....

Do you require a monthly statement? Y/N:.....Area Mgr / Sales Rep:.....

ACKNOWLEDGEMENT AND AUTHORISATION

I/We warrant that the details provided in this form are true and correct.

I/We have read the Terms and Conditions attached to this Credit Application and agree to abide by them, as per signature below and on the Terms and Conditions.

I/We authorise Cospak to:

- 1. Obtain any information concerning the applicant's affairs that Cospak deems necessary;
- 2. Exchange with credit reporting agencies information about the applicant's credit activities and credit worthiness;
- 3. Disclose to or provide any other person with such other information in respect of the applicant.

I/We authorise any other party to provide information about the applicant's credit activities and credit worthiness to Cospak.

To the extent required under the Privacy Act 1993 the applicant is entitled to have access to and request correction of personal information concerning the applicant which has been collected by Cospak. I/We understand that if Cospak is unable to collect satisfactory information concerning the applicant's affairs, credit activities and credit worthiness Cospak may be unable to provide or continue to provide products and services to the applicant.

I/We authorise Cospak to use any information concerning the applicant or the applicant's affairs, credit activities and credit worthiness for the purposes of marketing and promoting its products and services and those of any entity related to Cospak.

Name: Position:

Signature:

IF COMPANY THIS SECTION MUST BE COMPLETED: DIRECTORS GUARANTEE

I/We
of
and
of
acknowledge that

("the Company") has requested a Credit Account from Cospak and that I/We hereby guarantee jointly and severally to Cospak the due and punctual performance by the Company of its obligations to Cospak and the due and punctual payment of all money and debts accruing to Cospak by the Company and indemnify Cospak against any loss accruing in relation to the supply of goods / services under this account.

SIGNED by the Guarantor(s)
in the presence of:

.....
.....

.....
Witness (Signature and Print Name)