



APPLICATION FOR CREDIT ACCOUNT

Post to: The Prenzel Distilling Company Ltd P.O Box 246, Blenheim 7240

Email: lynda@prenzel.co.nz

Phone: 03 520 8215 **Fax:** 03 578 0300

Trading Name: _____

Legal Name: _____

Limited Company Partnership/Sole Trader Other

Full Postal Address: _____

Street/Delivery Address: _____

Principals / Partners / Owners / Directors: _____

How long in business: Under 2 yrs 3 - 5 yrs Over 5 yrs

Phone: **Business:** _____ **Private:** _____

Accounts Payable Email: _____ **Fax:** _____

Website: _____

Accountant: _____ **Phone:** _____

TRADING REFERENCES

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

AFFIRMATIONS

I / We apply to be granted credit by your company.

I / We authorise any person or company to provide you with such information as you may require in response to your credit enquiries.

I / We agree to adhere strictly to Terms of Trade as follows:

Payment in full due on 20th of month following date of invoice.

I / We fully understand and accept that all products remain the property of Prenzel Distilling Company Ltd until fully paid for.

Debtors will be liable for any charges incurred in recovering overdue accounts.

I / We assent to PPSR registration of invoiced goods, pending full settlement.

Interest and late payment penalties may be applied to overdue balances.

Signature

Position

Name

Date

For Office Use (Foodservice) only:

Sales Rep: _____

Debtor Type: _____

Franchise Area: _____