



Springbrook.

8 Winefair Close
Cloudy Bay Business Park
Blenheim

Phone: 0800 422 222
Fax: (03) 579 2407
Email: sales@springbrook.co.nz

Credit Application

Date: _____

Company Name for Invoices and Statements: _____

Registered Name (if different from above): _____

Type of business: _____

Delivery Address: _____

Postal Address: _____

Phone: _____

Fax: _____

Sales Email: _____

Accounts Payable Email: _____

Purchasing Email: _____

Bank and Branch: _____

Full Name of Manager/Proprietor: _____

Trade References:

1 _____ Phone: _____

2 _____ Phone: _____

3 _____ Phone: _____

I/We hereby make application for a credit account to be opened in the name of the above company.

I/We agree to pay all accounts by the 20th month following delivery.

I/We agree that all goods supplied by Springbrook remain the property of Springbrook until account is paid in full.

I/We realise that overdue invoices may be handed over to the debt collection agency and all collection costs will be passed on to the us as the customer.

I/We agree that the only exception to the above is where there is a dispute. Any dispute must be lodged within 3 days of receiving the goods.

I/We agree to receive invoices and statements via email, sent to the Accounts Payable email address

I/We agree to receive confirmation of order dispatch via email to the Purchasing Manager

SIGNATURE: _____
Manager/Proprietor/Owner

Office Use Only

Entered into JSIS:

TR Chkd:

CC Advised:

Entered into Tkt IT:

Entered into I/F: