



# Recover My Debt

PO Box 618, Rangiora, 7440

0800 999 763

office@recovermydebt.co.nz

## CREDIT APPLICATION FORM

ACCOUNT NAME (in full) .....

TRADING NAME (if applicable) .....

BILLING ADDRESS .....

DELIVERY ADDRESS .....

CONTACT NAME .....

PHONE ..... MOBILE..... EMAIL.....

BANK AND BRANCH.....

CREDIT REFERENCES (Service station, bank, credit cards, telephone companies, power account).

1..... Phone.....

2..... Phone.....

3..... Phone.....

### PAYMENT TERMS & CONDITIONS

I/We apply to open a monthly credit account and acknowledge that/we have read the terms stated and agree to abide by these terms.

Payment is due on the 20<sup>th</sup> of the month following invoice. Failure to do so may result in the stopping of credit facilities without notice until payment is made. Overdue accounts being closed, and the account being handed to Recover My Debt Limited to instigate debt recovery action to recover the amounts outstanding. All costs of collection including debt collector's fees, solicitors' costs, charges and expenses on a solicitor and own client basis will be added to the amount.

I/We authorise any seller or person to irrevocably provide you with such information as you may require in response to your credit enquiries for your provision of credit to RMDL. I/We further authorise you to finish any third party any details contained in this application and details of subsequent dealings that I/We may have because of this application being actioned by you and to use for lawful purpose connected with our business, any information which I/We or third party may provide.

SIGNED..... FULL NAME OF SIGNATORY.....DATE ...../...../.....



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**INDIVIDUAL/SOLE TRADER OR PARTNERSHIP** please complete (Strike out one that does not apply)

DOB ..... / ..... / .....

SURNAME..... FIRST NAMES.....

RESIDENTIAL ADDRESS.....

OCCUPATION..... NAME OF EMPLOYER.....

**NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE**

NAME..... ADDRESS..... PHONE.....

**PARTNERSHIP DETAILS**

DOB ..... / ..... / .....

SURNAME..... FIRST NAMES.....

RESIDENTIAL ADDRESS.....

PREVIOUS ADDRESS.....

OCCUPATION..... NAME OF EMPLOYER.....

**NAME & ADDRESS OF RELATIVE RESIDING ELSEWHERE**

NAME..... ADDRESS..... PHONE.....

VEHICLE MAKE & MODEL..... REGO NO..... DRIVER LICENCE.....

**LIMITED COMPANIES** Please complete the following

REGISTERED NAME OF COMPANY.....

FULL NAMES & ADDRESSES OF DIRECTORS/SHAREHOLDERS.....

.....

ACCOUNTANT..... PHONE.....

SOLICITOR..... PHONE.....



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## PERSONAL GURANTEE

I/WE.....the Guarantors acknowledge that I/We understand all the provisions of this application and agree that in the consideration of (Recover My Debt Ltd) agreeing to supply the above application with goods and services from time to time, the guarantors will pay such monies upon demand and shall be liable as a principal debtor in respect of all liabilities to Recover my debt limited.

FULL NAME OF  
GUARANTOR..... SIGNATURE.....

FULL NAME OF  
GUARNATOR..... SIGNATURE.....

FULL NAME OF  
WITNESS..... SIGNATURE.....

DATE..... /..... /.....