

Account Application

All Blanks spaces need to be filled out OR marked "Not Applicable".

COMPANY DETAILS			
Business Details	☐ Sole trader ☐ Limited Company ☐ Trust ☐ Partnership		
	REGISTERED ACCOUNT NAME:		
	TRADING NAME (If Different to above):		
	NZ BUSINESS NUMBER (NZBN):	PHONE NO:	
	DATE OF INCORPORATION:	MOBILE NO:	
	GST NUMBER:	EMAIL ADDRESS:	
	Nature of Business:		
	PHYSICAL ADDRESS DETAILS		POSTAL ADDRESS DETAILS
	STREET ADDRESS:		PO Box No.:
	SUBURB:		SUBURB:
	CITY:	POSTCODE:	CITY: POSTCODE:
	DO YOU HAVE ANY OTHER DELIVERY LOCATIONS:	☐ Yes ☐ No	If Yes, please provide all other delivery Locations

DIRECTORS DETAILS							
Contact Details	DIRECTORS NAMES:			DIRECTOR PHONE NUMBER:			
	DIRECTORS ADDRESS:						
	DIRECTORS NAME:			DIRECTOR PHONE NUMBER:			
	DIRECTORS ADDRESS:						
	PURCHASING CONTACT DETAILS						
	CONTACT NAME:			PHONE No.:			
	PURCHASING EMAIL ADDRESS:						
	ACCOUNT PAYABLE DETAILS						
	CREDIT LIMIT REQUESTED:	☐ \$1000	☐ \$2000	☐ \$5000	☐ \$10000		
	☐ OTHER: _____						
	CONTACT NAME:			PHONE No.:			
	EMAIL FOR INVOICES TO BE SENT TO:						
	EMAIL FOR STATEMENTS TO BE SENT TO:						
	OFFICIAL PURCHASE ORDER REQUIRED ON ALL ORDERS:	☐ Yes ☐ No					

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Trade References	TRADE CREDIT ACCOUNT REFERENCES (List three previous/current business trading with their contact details)	
	<u>Reference 1</u>	
	Contact Name:	Account Number:
	Phone Number:	Email Address:
	<u>Reference 2</u>	
	Contact Name:	Account Number:
	Phone Number:	Email Address:
	<u>Reference 3</u>	
	Contact Name:	Account Number:
	Phone Number:	Email Address:
Trading Conditions	I/We understand that in accordance/addition to the attached Standard Terms and Conditions of Sale, I /we agree to the following. ○ By Signing this Account Application, you give Safeworx 2020 Ltd permission to add your company's emails to our company's email database for marketing purposes. You will have the option to opt out at any time. ○ Payments must be 20th of the month following the date of invoice. ○ Minimum order of \$150.00 otherwise a freight and Handling charge may occur of \$8.95 ○ Our Returns policy can be viewed at www.safeworx.co.nz/returns-policy I/WE CERTIFY THAT: The Customer is making application for the supply of goods up to an applied credit limit pursuant to the Standard Terms and Conditions of Sale. These can be viewed at www.safeworx.co.nz/terms-and-conditions The information provided by the Customer contained in this application is true and correct. 1. Confirms that no information has been withheld which Safeworx 2020 Ltd should be aware of in considering the application. 2. I/WE am/are authorised on behalf of the Customer to apply for this Credit and Goods Supply Facility. I/WE understand on behalf of the Customer that I have been provided, have read, acknowledge, accept, and agree to be bound by the Standard Terms and Conditions of Sale attached to this Application.	
	<u>Full Name:</u>	
	<u>Company Position:</u>	
	<u>Signature:</u>	

COMPANY INFORMATION

Company Name: Safeworx (2020) Limited

Company No: 8139770

NZBN: 9429048786928

GST No: 133-018-891

Postal Address: PO Box 112131, Penrose, Auckland 1642

Physical Address (Head Office): 1 Rockridge Ave, Penrose, Auckland 1061

Email for orders: orders@safeworx.co.nz

Email for remittances and other correspondence: accounts@safeworx.co.nz

Bank details:

Bank name: Bank of New Zealand

Bank Address: 219 Don McKinnon Drive, Albany, Auckland 0632

Account Name: Safeworx 2020 Ltd

Account Number: 02-1244-0181666-00

Swift Code: BKNZNZ22

Branches:

Auckland Airport	86 Richard Pearse Drive, Auckland Airport, Auckland
Papakura	24 Railway Street West, Papakura, Auckland
Penrose	1 Rockridge Ave, Penrose, Auckland
New Plymouth	321 Devon Street East, New Plymouth
Wellington	2 Regent Street, Petone, Wellington
Christchurch	Unit 2, 551 Halswell Junction Road, Hornby, Christchurch