

ACCOUNT APPLICATION FORM

Name:

Address: Delivery:

Postal:

Telephone:Facsimile:

Invoice Email Address:

Result Email Address:

Credit References: (eg Farmers account)

Telephone:

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Other relevant information:

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TERMS OF APPLICATION

The applicant hereby:

- a) Confirms that the information provided is correct;
- b) Agrees that all purchases from Watercare Services Ltd ("the Company") shall be paid in full by the 20th day of the month following the issue of an invoice unless otherwise stated; direct credit, Please allocate payments to the following:

Watercare Services Limited, BNZ, Newmarket Branch, Auckland
Account Number: 02-0192-0115055-00
- c) Authorises the Company to make any such enquiries as it deems necessary to establish the Customer's credit worthiness to its satisfaction;
- d) Agrees it will immediately advise the Company of any significant change in the information set out in this application or of any event which may materially affect such information;
- e) Agrees to pay for all orders placed with the Company by their employees on their behalf;
- f) Agrees to reimburse the company for any costs incurred in the recovery of late payments;
- g) If the client does not pay the amount invoiced in full by the due date, the Client must, on demand, pay to Watercare interest at the rate of 12% p.a calculated daily on the unpaid amount from the due date until payment is made in full

Dated:

Authorised Signature:

Print Name: