



LIMS IMPORTS LIMITED / LIMS IMPORTS TAURANGA LIMITED

13 Fairfax Ave, Penrose 1061, Auckland / 74 Birch Ave, Judea, Tauranga

PO Box 75162, Auckland

Tel: 09 571-3229 Fax 571-3228 Email: info@lims-hvac.co.nz Web: www.lims-hvac.co.nz

CREDIT ACCOUNT APPLICATION FORM

ENTITY DETAILS:

APPLICANT'S FULL LEGAL NAME (i.e. not trading name): _____ ("The Customer")

(Please tick) Sole Trader Individual Partnership Ltd Company Other (please state): _____

Trading as: _____ Postal Address: _____

Physical Address: _____

Nature of Business: _____ Years in Business: _____

Telephone Business: _____ Fax: _____ Mobile: _____

Contact Name & Position: _____ Email: _____

Monthly Credit Limited Requested: \$ _____

OWNERSHIP DETAILS (please insert Owner(s) / Directors Name(s) in full

1: _____ Address: _____

2: _____ Address: _____

IF LIMITED LIABILITY COMPANY – Address of Registered Office: _____

Date of Incorporation: _____ Affiliated or Parent Companies: _____

FINANCIAL & PROFESSIONAL ADVISORS

Capital – Authorised \$ _____ Paid Up: _____

Securities over Business Assets: _____

Name of Accountant _____ Solicitor: _____

Bank: _____ Branch: _____ Account No: _____

TRADE REFERENCES			
Nominate businesses that you have traded with for at least 6 months only			
Company	Contact Name	Phone Number	Account open since

DECLARATION AND PERSONAL GUARANTEE

1. I am duly authorised to enter into this application and future contracts on the Applicant's behalf.
2. I certify that the information in this Credit Application is true and correct and no information has been withheld of which LIMS Imports Limited ("LIMS") should be aware of when considering this application for credit.
3. I have read and accept all LIMS's current terms of trade including those headed Personal Guarantee, Retention of Title, Personal Property Securities Act and Security; Privacy Act Consent and Rights.
4. I/We acknowledge that LIMS have advised me/us to seek independent legal advice in respect of my/our obligations under this Personal Guarantee & Indemnity and have either done so or elected not to prior to signing the Personal Guarantee.
5. I authorise LIMS to undertake credit checks on the Applicant as well as me/us personally.

SIGNED ON BEHALF OF THE CUSTOMER AND AS GUARANTOR/S BY

PRINT NAME	DESIGNATION (please circle)	SIGNED	DATE
	Director/Owner/Partner/Trustee/Other		
	Director/Owner/Partner/Trustee/Other		
	Director/Owner/Partner/Trustee/Other		

NOTES:

1. **BY SIGNING THIS APPLICATION YOU ARE ALSO PERSONALLY GUARANTEEING THE APPLICANT'S OBLIGATIONS UNDER THIS AGREEMENT. YOU SHOULD READ YOUR PERSONAL OBLIGATIONS UNDER CLAUSE 20 OF OUR TERMS OF TRADE AND SEEK INDEPENDENT LEGAL ADVICE.**
2. If the Applicant is a sole trader or partnership all owner(s)/partners should sign the declaration and personal guarantee.
3. If the Applicant is a company ALL Directors must sign the declaration and personal guarantee.
4. If the Applicant is a Trust, all Trustees must sign the declaration and personal guarantee.