

**PLEASE WRITE CLEARLY IN BLOCK LETTERS**

### COMPANY DETAILS

Company/Trade Name:			
Trading As:			
Type of Business:			
Contact Name(s):			
Contact Name for Accounts Payable:		Phone:	
Email Address Accounts Payable:			
Physical Business Address:			
Postal Address:			

### DETAILS OF DIRECTORS, PARTNERS OR SOLE TRADERS

Registered Company <input type="checkbox"/>	/ Partnership <input type="checkbox"/>	/ Sole Trader <input type="checkbox"/>	/ Other <input type="checkbox"/>
If Other, Please Specify:			
Years in Operation:			
Company Number:			
1. Surname		Given Names:	
Address:			
Contact Phone Number:		Email:	
2. Surname		Given Names:	
Address:			
Contact Phone Number:		Email:	
3. Surname		Given Names:	
Address:			
Contact Phone Number:		Email:	
Name of Accountant:			

**TRADE REFERENCES: Please do not use Telephone, Internet Providers, Power Companies, or Banks**

1		Phone:	
2		Phone:	
3		Phone:	

**ACKNOWLEDGEMENT AND AUTHORITY DECLARATION:**

The person completing and signing this application hereby:

- 1 Applies for a Credit Account with Fortis Weld Inspection Ltd.
- 2 Understands that **payment is required by the 20th of each month following the date of the invoice.** We reserve the right to stop credit on your account and/or withhold work if these conditions are not met.
- 3 Undertakes to make payment promptly within the granted terms and agrees to pay all legal and recovery costs associated with overdue amounts.
- 4 Authorises Fortis Weld Inspection Ltd to contact the above-mentioned organisations to obtain credit reference information in order to assess the customers credit worthiness.
- 5 Warrants that the details provided on this form are true and correct.
- 6 Agrees to all our terms and conditions as stated on our website: [www.fwi.co.nz/terms-and-conditions](http://www.fwi.co.nz/terms-and-conditions)
- 7 Acknowledges that pursuant to the personal guarantee contained in the terms and conditions of trade that, where relevant, I/we am/are also signing this application form in my/our personal capacity.

**Signed by, or on behalf of:**

<b>Full Name &amp; Surname:</b>	<b>Signature:</b>
<b>Position:</b>	<b>Date:</b>

**Please return either by:**

<b>Mail:</b>	or	<b>Email:</b>
Fortis Weld Inspection Ltd		<a href="mailto:fortis@fwi.co.nz">fortis@fwi.co.nz</a>
13 Cullwick Road		
Mission Bay		
Auckland 1071		

**OFFICE USE ONLY**

Name of personnel verifying application:		Date:	
Credit Limit:	\$	Credit Limit Declined <input type="checkbox"/> / Approved <input type="checkbox"/>	
Trade References Obtained:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Customer Registration Letter Sent: <input type="checkbox"/>	
Company Name on Account:			