



# CREDIT APPLICATION FORM

## Application for a Credit Account with the Department of Conservation

I/We request that you open a credit account in the name of:

Full Legal Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trading Name \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ Licence Version Number: \_\_\_\_\_

GST Registration Number: \_\_\_\_\_ Company Registration Number: \_\_\_\_\_

NZBN (NZ Business Number) \_\_\_\_\_

Trading Address  
(Physical address  
can not be a PO  
Box) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address for  
Invoice/ Statement  
(Postal Address) \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Sole Trader  Partnership  Limited Company

If partnership or limited company provided details for owners, partners and/or directors

Full Names (incl  
DOB), drivers  
licence number,  
addresses, home  
phone numbers of  
owners, partners  
and/or directors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you held an account with the Department before? Yes  No

Under what name: \_\_\_\_\_ Area: \_\_\_\_\_

**Terms and Conditions for a Credit Account with the Department of Conservation**

I/We (“the Applicant”) apply for an account on the following terms and conditions:

1. I/We agree that the Department of Conservation can provide my details to the Department’s Credit Checking Agency to enable it to conduct a full credit check.
2. I/We warrant that the information in this application is true and correct.
3. I/We agree that any change which affects the trading address, legal entity, structure of management or control of the applicant’s company (as detailed in this application) will be notified in writing to the Department of Conservation within 7 days of that change becoming effective.
4. I/We agree to notify the Department of Conservation of any disputed charges within 14 days of the date of the invoice.
5. I/We agree to fully pay the Department of Conservation for any invoice received on or before the due date.
6. I/We agree that the Department of Conservation can provide my details to the Department’s Debt Collection Agency in the event of non-payment of the fees.
7. I/We agree to pay all costs incurred (including interest, legal costs and debt recovery fees) to recover any money owing on this account.
8. I/We agree that the credit account provided by the Department of Conservation may be withdrawn by the Department of Conservation, if any terms and conditions of the credit account are not met.

**Applicant**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Departmental use**

Credit check completed

Comments : \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Approved: \_\_\_\_\_ Name: \_\_\_\_\_

Note: Approval is to be by a Manager or higher