

ACELINK BUSINESS CREDIT APPLICATION

Please complete this application and email to accounts@acelink.co.nz

ACCOUNT CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME:			
ADDRESS:		PHONE:	
SUB:	CITY:	ZIP:	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
NZBN or ACN:			

BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			
OTHER			

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

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BUSINESS REFERENCES

Continued from previous page ...

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT

- 1 | All invoices must be paid on the due date indicated on the invoice.
- 2 | Any claims regarding an invoice issued must be made within 7 days of the date issued.
- 3 | You authorize inquiry into the banking and business references provided within this application.

COMPANY REPRESENTATIVES

1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS

Our suggested payment term: 20th of following month
Should you have other preferred payment term, please indicate by email or here.



Should you have any enquiries concerning this application, please email to accounts@acelink.co.nz