

APPLICATION FOR CREDIT FACILITIES



Fax directly to Accounts Dept: (09) 274 2041
Or email to accounts@hafele.co.nz

FOR INTERNAL USE ONLY

Account Number

Rep Code

Code

Business Class

INVOICING ADDRESS

Name

Trading As

Address

Suburb

Postcode

DELIVERY ADDRESS

Name

Address

Suburb

Postcode

BUSINESS CONTACT DETAILS

Main Telephone

Main Email Address

Fax Number

CONTACT PERSON-ACCOUNTS

Name Mr/Mrs/Ms

Email Address*

Phone Number

**Please note all invoices and statements will be emailed to this contact (physical copies are not posted)*

CONTACT PERSON-PURCHASING

Name Mr/Mrs/Ms

Email Address*

Phone Number

**Promotional emails may also be sent to this contact*

Has this Trading Name any involvement with a trust Yes No Date Commenced Trading _____

Is your company a subsidiary Yes No

If yes, name of Holding Company _____

Number of employees with your organisation

Would you like to be sent an Online Registration Form to access the Häfele Online Catalogue? Yes

WHICH CLASS OF BUSINESS BEST DESCRIBES YOUR MAIN BUSINESS? (Please tick only one)

- 01 Living, Bedroom, Children Furniture
- 10 Carpenters, Exhibition and Display Builders
- 25 Interior Architectures and Designers
- 02 Kitchen, Bath
- 11 Metal Cabinet, Doors and Windows Manufacturing
- 26 Architects and Planning Authorities
- 03 Wood and Metal Office Furniture
- 12 Doors and Windows Manufacturing (made of wood)
- 28 Glass Alu- Shopfronts
- 04 Tables, Chairs, Upholstry
- 15 Boat-Shipbuilding and Repair
- 29 Retail Sales
- 05 Audio, Video and Small Furniture
- 16 Motor Home and Travel Trailer Manufacturing
- 30 Electrical Industry, Electrical Installer
- 06 Carpenters, Kitchens
- 19 Hawdware Dealers
- 31 Locksmith Services
- 07 Carpenters, Office
- 20 Retailers of Building Components
- 38 Hospitals
- 08 Carpenters, Household
- 23 Colleges, Universities & Professional Schools
- 42 Government, Public Institutions
- 09 Carpenters, Shop Fittings
- 24 General Constructors
- 43 Retirement and Health Care Institutions

PLEASE SUPPLY NAMES AND TELEPHONE NUMBERS FOR THREE TRADE REFERENCES

1)

Telephone

Fax

2)

Telephone

Fax

3)

Telephone

Fax

NAME AND ADDRESS OF BANKERS

ESTIMATED CREDIT LIMIT REQUIRED PER MONTH

Grid for credit limit: 6 empty boxes

COMPANY TYPE

LTD

PUBLIC

SOLE TRADER

PARTNERSHIP

DIRECTORS'/OWNERS'/PARTNERS' FULL NAMES AND ADDRESSES

Authorised Capital \$ _____ Paid Up Capital \$ _____

Details of any charges over assets

PREMISES

OWN FREEHOLD

LEASED

DECLARATION AND PRIVACY INFORMATION AUTHORITY

I/We hereby agree to abide by the terms and conditions of Häfele (N.Z.) Limited, herewith sighted, and understand that in the event of the application being accepted, all accounts to be paid on the 20th day of month following date of delivery. We hereby AUTHORISE you to make such enquiries as are considered by you to be necessary to determine my/our credit worthiness and ACKNOWLEDGE AND CONSENT to your production of this authority to the abovementioned financial information providers to assist your enquiries.

General Information

NAME

SIGNATURE

POSITION IN COMPANY

DATE

Table with 3 columns: Auckland office details, Wellington office details, and Christchurch office details. Includes phone, fax, and email for each location.