

PO Box 12466, Penrose, Auckland Ph 09 579 1880

APPLICATION FOR CREDIT

| customer name: | | | | rrading | Name: | | | |
|---------------------------|-----------------|-----------|-------------|------------|-------------|--------|---------|------|
| Business Structure: | Sole Trader | Par | tnership (| | Limited Com | pany | Ot | ther |
| Type of Business: | Restaurant Café | Bar | Hotel | Bakery | Takeaway | School | Caterer | Club |
| (Circle one or more) | Other | | | | | | | |
| Postal Address: | | | | | | | | |
| Delivery Address: | | | | | | | | |
| Deliveries accepted after | eram/pm. | Special I | Delivery Ir | nstruction | s | | | |
| Telephone No | | A/H | l No | | | | | |
| Purchasing Contact: | | Mobile: _ | | | Email: | | | |
| Accounts Contact: | | Mobile: _ | | | Email: | | | |
| Company Details | | | | | | | | |
| Registration Number: _ | | | | | | | | |
| Shareholders/ Director | s/ Owners | | | | | | | |
| Name: | | | | Date o | f Birth: | | | |
| Home Address: | | | | | | | | |
| Phone Number: | | | | | | | | |
| Name: | | | | Date o | f Birth: | | | |
| Home Address: | | | | | | | | |
| Phone Number: | | | | | | | | |
| Trade References | | | | | | | | |
| Name: | | | | Phone | No: | | | |
| Name: | | | | Phone | No: | | | |
| Name: | | | | Phone | No: | | | |

TERMS OF TRADE

<u>PAYMENT:</u> All accounts are payable within seven days following transaction date. Payments made by credit charge will incur a service charge. The Customer is not entitled to withhold payment or make any deductions from the purchase price whether by way of set off, counterclaim or other legal or equitable claim without the prior consent of the Company.

INTEREST: Interest may be charged on overdue accounts at a rate 2% higher than Food Chain's bank business overdraft prime lending rate calculated on the overdue sum from the date of the invoice until payment in full.

LEGAL COSTS AND COLLECTION FEES: The Customer is liable to pay all expenses, legal costs and debt collection fees incurred by the Company in relation to collection of the debt if terms and conditions are not met.

RETENTION OF TITLE: All goods delivered by the company remain the company's property until the purchase price an all-other money owing to the Company under the contract or otherwise have been paid in full. If required, the Customer will store the foods in such a way that they can be identified as belonging to the Company. Until payment for the goods is made in full the Company will have the right of immediate repossession of the goods and will be entitled to enter any premises occupied by the Customer to search and remove any goods belonging to it.

<u>RETURNS:</u> Any claims or credit requests must be made within 24 hours of delivery of the goods. Chilled items being returned must be stored at between 0°C and 5°C and frozen items must be stored appropriately at -18°C or less, at all times. If proof of temperature control cannot be provided, Food Chain may not allow these products to be returned, i.e., Poultry.

SECURITY: The Customer agrees that, for the purposes of the Personal Property Securities Act 1999 ("the PPSA"), the Company has a security interest in the goods supplied by the Company to the Customer. The security interest relates to all Goods previously supplied by the Company to the Supplier and all Goods that will be supplied in the future by the Company to the Customer.

| Signed for and on behalf of the Cust | omer | | Signature. | | | | |
|--|--------------------|---------------------------------|-------------------------------------|--|--|--|--|
| nme Date | | | | | | | |
| Designation | | | | | | | |
| GUARANTEE: In consideration of the do jointly and severally personally gu granting of time, waiver, or forbeara | arantee the due pa | syment of all monies owed eithe | er now or at any time hereafter. No | | | | |
| Personal Guarantees | | mg up or summaproy mm research | | | | | |
| Signature 1) | DOB | Signature 2) | DOB | | | | |
| Name | | Name | | | | | |
| Witness Full Name | | Witness Full Name | | | | | |
| Witness Address | | Witness Address | | | | | |
| Witness Signature | | Witness Signature | | | | | |
| Office Use Only | | | | | | | |
| Account Code | | Area | SP Code | | | | |
| Reference Check/ Authorised by $_$ | | | | | | | |