



*A professional case manufacturer*  
**PROCASA**

UNITE E, NO. 2 ASHFIELD RD,  
 GLENFIELD, AUCKLAND  
 P.O. BOX 35702 BROWNS BAY,  
 AUCKLAND

**APPLICATION FOR CREDIT ACCOUNT (PLEASE PRINT CLEARLY)**

*SECTION ONE - APPLICATION DETAIL - TO BE COMPLETED IN ALL CASE*

COMPANY

PARTINERSHIP

ORGANISATION   
 Inc. Societies

SOLE TRADER

FULL LEGAL NAME:..... DATE ESTABLISHED:.....

TRADING NAME:..... PHONE:.....

POSTAL ADDRESS:..... FAX:.....

STREET ADDRESS:..... E-MAIL:.....

REGISTERED COMPANY NUMBER:..... POSTCODE:.....

*SECTION TWO - PLEASE COMPLETE THE PART WHICH RELATES TO YOUR BUSINESS STRUCTURE*

*PART ONE - TO BE COMPLETED BY PUBLIC LIMITED LIABILITY COMPANIES*

REGISTERED OFFICE:.....

COMPANY ACCOUNTANTS:..... CONTACT NAME:.....

COMPANY SOLICITORS:..... CONTACT NAME:.....

*PART TWO - TO BE COMPLETE BY PRIVATE LIMLTED LIABILITY COMPANIES*

*DIRECTOR DETAILS:*

| FULL NAME | PRIVATE ADDRESS | DESIGNATION |
|-----------|-----------------|-------------|
|           |                 |             |
|           |                 |             |
|           |                 |             |

*FINANCIAL DETAILS:*

TOTAL AUTHORISED SHARE CAPITAL:..... TOTAL PAID UP CAPITAL:.....

*PART THREE - TO BE COMPLETED BY PARTNERSHIPS / SOLE TRADERS*

*PROPRIETOR DETAILS:*

| FULL NAME | PRIVATE ADDRESS | DESIGNATION |
|-----------|-----------------|-------------|
|           |                 |             |
|           |                 |             |
|           |                 |             |

*SECTION THREE - PERSONNEL DETAILS*

MANAGER:..... ACCOUNTANT:.....

CONTACT PH NO:..... CONTACT PH NO:.....

E-MAIL:..... E-MAIL:.....

SALES MANAGER (NAME):..... TECH SERVICE MANAGER (NAME):.....

PURCHASING OFFICER:..... ACCOUNTS PAYABLE OFFICER:.....

TOTAL NUMBER OF EMPLOYEES:..... TOTAL NUMBER OF TECHNICAL SUPPORT STAFF:.....



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*OFFICE USE ONLY*

ACCOUNT REFERENCE:..... CREDIT LIMIT:.....  
 SALES PERSON:..... REVIEW DATE:.....  
 CREDIT REFERENCES: 1  2  3  4       ADVICE SENT (DATE):.....  
 APPROVED BY:..... DATE:.....

*SECTION FOUR- TRADE REFERENCES (INCLUDE MAJOR SUPPLIERS IN THE FIRST INSTANCE)*

SUPPLIER DETAILS:

| COMPANY | CONTACT NAME | TELEPHONE |
|---------|--------------|-----------|
| 1.      |              |           |
| 2.      |              |           |
| 3.      |              |           |

The applicant authorises PROCASE New Zealand to obtain credit information from any person or persons either to assess whether a credit account shall be granted to the applicant or to consider the on-going credit worthiness of the applicant and the applicant authorises such persons to disclose any such information as may be required by PROCASE New Zealand.

*SECTION FIVE - FOR RESELLERS ONLY*

BUSINESS DESCRIPTION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> COMPUTER STORE       | <input type="checkbox"/> SOFTWARE DEVELOPER       | <input type="checkbox"/> CONSULTANT            |
| <input type="checkbox"/> VALUE ADDED RESELLER | <input type="checkbox"/> OFFICE PRODUCTS RESELLER | <input type="checkbox"/> CAD - CAM SPECIALISTS |
| <input type="checkbox"/> EDUCATIONAL RESELLER | <input type="checkbox"/> SYSTEMS INTEGRATOR       | <input type="checkbox"/> OEM ORGANISATION      |
| <input type="checkbox"/> OTHER.....           |   |  |

TARGET MARKET

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> CORPORATE (large eg. Banks etc) | <input type="checkbox"/> EDUCATION                 | <input type="checkbox"/> HOME |
| <input type="checkbox"/> SMALL / MEDIUM BUSINESSES       | <input type="checkbox"/> GOVERNMENT / LOCAL BODIES |                               |

TURNOVER LAST FINANCIAL YEAR:..... EST, TURNOVER THIS YEAR: .....

*SECTION SIX- DECLARATION AND ACKNOWLEDGEMENT*

I/We, on behalf of the Applicant, declare that all information contained in this application is correct and acknowledge that goods supplied to the Applicant on credit or otherwise will be pursuant to a single continuous contract including the terms and conditions of sale contained herein (as amended from time to time by notice to the Applicant from PROCASE NZ LTD..

I/We further acknowledge that the granting, continuance or alteration of the terms of any credit account is at the discretion of PROCASE NZ LTD.

**for and on behalf of the Applicant:**

|                    |                    |
|--------------------|--------------------|
| .....<br>Signature | .....<br>Signature |
| NAME:.....         | NAME:.....         |
| TITLE:.....        | TITLE:.....        |
| DATE:.....         | DATE:.....         |