To:	Purchasing & Receivables Officer Ministry for Primary Industries PO Box 2526 25 The Terrace Wellington 6140	
	Phone: 0-4-894 0187	Email: accountsreceivable@mpi.govt.nz
Date:		
From:		
Number of pages: (including this cover sheet		
Please find attached	I an application form for a Credit Acc	ount with the Ministry for Primary Industries.

(Please fill out the following information and email or post to the above address)



APPLICATION FOR CREDIT ACCOUNT

Please complete all relevant sections

BUSINESS NAME	Company Name:				
	Trading Name:				
ADDRESS	Registered Office address:				
	Post Code:				
	Phone: Fax:				
	Accounts Payable email address:				
	Trading Address:				
	Post Code:				
	Address for Invoices:				
	Post Code:				
	Phone: Fax:				
GOODS & SERVICES TAX	GST No:				
NZBN Number#	Number:				
For Businesses	Involved in Cross Border transactions				
	Imports: Yes / No				
BORDER CLEARANCE	Exports Yes / No				
	Transitional Facility Yes/ No				
	NZ Trade Single Window Registration Number				
For Businesses	Involved in Food Safety and Risk Management Programmes				
	Food Safety Programme Exemption number:				
Food Safety	Risk Management Programme Identifier:				
	Wine Safety Management Plan Identifier:				



For all Businesses

	Nature of Business:						
BUSINESS	Date of Registration:						
TYPE	Financial Controller:						
	Contact Details:						
For Limited Com	panies						
	Surname	Given Names		Private Address and Postcode	Owned or Rented	Telephone	
DIDECTORS							
DIRECTORS							
	-						
	If subsidiary compar company and share						
PARENT SUBSIDIARY							
OR RELATED BUSINESS	Name of associated companies						
For Trusts			<u>'</u>				
	Is this Business a Trust? Yes No Type		Type of	Type of Trust (Discretionary Unit or Family):			
TRUST							
	If Yes state Register	red Trust Name					
	Name of the Trustee	es Empowered to of the Trust					



TERMS AND CONDITIONS OF CREDIT FACILITY

I / We apply for credit on the following terms and conditions:

- Service Provider means Ministry for Primary Industries.
- Applicant means company making this application for credit facilities.

The Applicant:

1. Agrees that the following trade references may be approached in order to assist processing of this application:

		OFFICE USE ONLY		
Name of Trade Reference	Phone No.	Terms	Average \$ Value of Purchases Per Month	Comments

- 2. Warrants that the information in this application is true and correct.
- 3. Agrees that any change which affects the trading address, legal entity, structure of management or control of the Applicant will be notified to the Service Provider in writing within 7 days of the change becoming effective.
- 4. Warrants that unless otherwise stated in this application the subject business is not structured on a trusteeship involving discretionary unit or family trusts.
- 5. Acknowledges that payment must be to the Service Provider at its stated address for payment on or before 25 working days after date of invoice.
- 6. Acknowledges that a 10% penalty fee may apply if payment is not received within 25 working days of date of invoice.
- 7. Notify Company of any disputed charges within 14 days of date of invoice.
- 8. Acknowledges that the credit facilities may be withdrawn if the terms and conditions of this contract are not met.
- 9. Acknowledges receipt of and agrees to abide by the Service Providers terms and conditions.
- 10. Agrees that should the Service Provider request this credit application to be supported by a guarantee in the Service Providers standard format and the Applicant undertakes to have the guarantee completed to the Service Providers satisfaction and to be bound by its terms.

Signed by:

Applicant	Ministry fo	r Primary Industries
Name:	Name:	
Position:	Position:	
Date:	 Date:	