



CREDIT ACCOUNT APPLICATION

CUSTOMER NAME: -----

Trading Name: *(if applicable)* -----

Customer Type: *(please tick)* Ltd Company Sole Trader Personal
 Other *(please specify)* -----

Street Address: ----- Post Code -----

Postal Address: ----- Post Code -----

Phone Number: ----- Mobile Number: -----

Fax: -----

Email Address: -----

Grower/Manager Contact: Name ----- Phone -----

Accounts Contact: Name ----- Phone -----

Names & Addresses of Directors:

1. Name: ----- Address: -----

2. Name ----- Address: -----

Registered Office Address: -----

Date Company Incorporated: -----

Accountant: ----- Solicitor -----

Bank & Branch: -----

Crop(s) Grown: -----

Trade References:

- | | | | |
|----|-------|-------|----------|
| 1. | ----- | ----- | ----- |
| | Name | Phone | How long |
| 2. | ----- | ----- | ----- |
| 3. | ----- | ----- | ----- |

Please complete and sign back of form



TERMS OF CREDIT:

I/We agree to and accept your terms of credit as follows:

1. Payment of all accounts to be made in full by the 20th of the month following date of invoice.
2. Interest at the rate of 2.5% per month may be charged on all overdue accounts together with any costs incurred by Quantum Grow Ltd in the collection of unpaid monies including solicitor fees and collection agency commission charges.
3. Ownership of the goods sold remains the property of Quantum Grow Ltd until paid in full, not withstanding the sale of the goods and the delivery of the goods to the customer.

GUARANTEE & INDEMNITY:

1. In consideration of Quantum Grow Ltd approving the application for credit by the above named, I/We (jointly and severally if more than one) unconditionally guarantee payment of all monies due and owing to Quantum Grow Ltd in respect of credit extended by Quantum Grow Ltd to the company under the "Terms of Credit" conditions outlined above. I/We also declare that we have the appropriate authority to enter into this agreement on behalf of the company.
2. I/We have read, understood and agree to abide by the Quantum Grow Ltd Terms of trade for sale of Goods as set out overleaf and that in signing this credit application, I/We also understand and accept that I/We are signing the Terms and Conditions of sale. I/We agree that such Terms and Conditions will govern every contract I/We enter into with Quantum Grow Ltd for the purchase of goods and or the supply of services.

Full name of Applicant: -----

Signature of Applicant/Guarantor: ----- **Date:** -----

APPROVED HANDLERS CERTIFICATE:

As a supplier of Hazardous Substances (Agrichemicals) we are required to comply with ERMA (Environmental Risk Management Authority) regulations. In some instances we require the presence of an Approved Handler before delivery of agrichemicals. We need written confirmation that you have these persons on site.

Completed Approved handlers form attached: YES NO

For Office Use only:	
Credit approved by:	
Date approved:	
Database:	
Approval letter sent:	
Sales Rep:	

Please return the completed, signed form to:
Quantum Grow Ltd
PO Box 949,
Tauranga
Fax 07 578 5130
Freephone 0800 383 747



**Approved Handlers Record
Compliance with ERMA New Zealand Regulations**

Site

Name:

Location:

.....

Approved Handlers on Site

- No
- Yes (please complete details below)

Name	Certificate number	Expires

I, confirm that at any one time we will have a qualified approved handler on site to accept deliveries of regulated hazardous substances.

Signed:

Position:

Date:

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Freephone 0800 383 747