

LEAFLAND CREDIT APPLICATION FORM

Scan and email to accounts@leafland.co.nz

Company Name: _____

Contact Name: _____

Postal Address: _____

Delivery Address: _____

Email: _____

Phone: _____

Mobile: _____

Accountant: _____

Bank Name: _____

BUSINESS REFERRALS

Company Name: _____ Phone: _____

Company Name: _____ Phone: _____

Declaration: The information given above is true and correct and I agree to the terms and conditions below.

Signed: _____ Date: _____

Terms and Conditions:

1. Payment is due on the 20th of the month following delivery.
2. All goods remain the property of the vendor until payment is received in full.
3. Interest may be charged on all overdue accounts.
4. The debtor agrees to pay all collection costs incurred in recovering any overdue amounts.
5. Credit may be stopped without reason given for doing so.
6. Claims and returns must be made within 7 days and original invoice number must be quoted.
7. The applicant to this credit request authorises any person or company to provide Leafland or its agents such information that may be required in support of this application.
8. Any discounts given may be reversed if payment is not received by the due date.
9. Refer to the Terms of Trade at <https://leafland.co.nz/terms-of-trade>.