



Credit Application Form

Applicants Details

First name _____ Surname _____

Partner's name _____ Trading name _____

Home address _____

Postal address (if different from above) _____

Phone _____ Residential _____ Email _____
 _____ Business _____ Dairy No. _____
 _____ Mobile _____ I would like receive statements via Email Post

Which clinic would you like to be serviced from?

Gordonton Huntly Maramarua Matamata Morrinsville Ngaruawahia
 Ngatea Paeroa Raglan Thames Te Aroha Te Kauwhata

Driver's licence: New Zealand Other _____

Licence number: _____ Expiry date: _____

NB: Photocopy of front & back of driver's licence is required for verification.

Credit Reference

Length of time at present address _____

Previous address _____

Length of time at previous address _____

Name of employer _____

Address of employer _____

Employer's phone _____

Bank _____ Branch _____

Trading Reference

Name two firms (excluding power and telephone, PGG Wrightsons, Forlongs, Farmers, Farm Source)
 Please note: some companies will not supply references

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Terms and Conditions

The risk in the goods and services supplied by Anexa Vet Services, hereafter referred to as the "Practice" shall pass to the buyer on payment of the price, but ownership in them shall not pass to the buyer until the buyer has discharged all outstanding indebtedness to the Practice whatsoever.

All accounts are due for payment by the 20th of the month following purchase. A late payment penalty will be charged on all accounts owing which are 30 days or more overdue.

Any claims should be notified to the Practice within 7 days from receipt of goods. No goods shall be returned unless previously agreed to by the Practice.

If a solicitor, debt collector or other such agent, is instructed by the Practice, the Buyer agrees to pay the solicitor, debt collectors's or agents reasonable fees and disbursements as charged to the Anexa Vet Services in full.

I / We hereby authorise the Practice to collect, retain and use personal information about me/us, for the purposes of:

- Assessing my/our credit worthiness;
- Marketing and/or informing me/us about the goods and services provided by the Practice.

I / We authorise the Practice to collect from credit reporting agencies, credit providers, or other person(s) such personal, financial and commercial information about me/us for the said purposes.

I / We authorise the Practice to provide this information:

- To any person for the foregoing purposes;
- To employees and agents of the Practice, and any other person, in any ordinary course of business, for any of the foregoing purposes;
- To credit agencies for the purpose of maintaining proper or effective records.

I/ We further acknowledge that, pursuant to the Privacy Act 1993, I/we have a right of access to information collected by the Practice about me/us and to request that this information be corrected. The information will be held at the office of Anexa Vet Services, 25 Moorhouse Street, Morrinsville.

Declaration

I / We confirm that all information supplied on this form is true and correct.

I / We confirm that I / we have read and understood the terms and conditions.

Signature(s) of Applicants _____

Date _____

This application should be forwarded to: Anexa Vets, PO Box 21, Morrinsville.

Office Use Only:

Applicant: Approved Not Approved

Home clinic: _____

'Driver's Licence: Details Verified Copy Attached' Name: _____

Signature: _____

Date: _____

Mileage: _____