

APPLICATION FOR MONTHLY CREDIT ACCOUNT

Application to open a monthly credit account with
TECHSPAN TRADING (NZ) LTD , TECHSPAN NEW ZEALAND LTD and
TECHSPAN INDUSTRIAL PRINTING SYSTEMS LTD (hereinafter called Techspan Group)

APPLICANT'S DETAILS

Full company name.....

Trading name.....

Postal address.....

Delivery address.....

Telephone No:

Fax No:

Proprietors / Directors.....

Primary contact.....

Primary contact e-mail.....

Secondary contact.....

Secondary contact e-mail.....

Expected monthly purchases.....

Accounts contact.....

Accounts contact e-mail.....

External Accountant..... Ph..... e-mail.....

Bank.....Contact..... Ph.....e-mail.....

Date of Company Registration..... No. of Staff.....

Industry Sector.....

Consent to e-mail invoices/statements YES NO e-mail:

Consent to e-mail product information, news, specials etc YES NO e-mail:

TECHSPANGROUP

Ph: ++64 (09) 827 6567 Fax: ++64 (09) 827 6596
P O Box 15262, New Lynn, Auckland, New Zealand
e-mail: accounts@techspanonline.com
web: www.techspanonline.com

APPLICATION FOR MONTHLY CREDIT ACCOUNT, continued

APPLICANT CREDIT REFERENCES

- 1. Ph:Address.....
- 2. Ph:Address.....
- 3. Ph: Address.....

I certify that the above particulars are correct and that I have the authority to make this application on behalf of (company). I hereby authorize any person or company to provide Techspan Group with such information as Techspan may require in response to this application for credit. I further authorize Techspan Group to furnish to any third party details of this application and any subsequent dealings that I have with you as a result of this application being actioned by Techspan Group. I understand and agree that payment is due in full on or before the due date. I acknowledge that I have read and understand the attached Techspan Group terms and conditions and I agree that all sales are subject to Techspan Group terms and conditions.

Applicant's Signature.....Date.....

Applicant's Name.....Title.....

Witness Signature.....Date.....

Witness Name.....Witness Address.....

GUARANTEE TO TECHSPAN GROUP

To be completed in full –

I /we(full name of Guarantor/s)

in consideration of your agreeing to supply goods on credit to

..... (full name of applicant)

Do hereby agree and undertake with you (Techspan Group) as follows -

I / we do hereby Guarantee to you (Techspan Group) the due payment of all moneys now due or at anytime of times hereafter to become due to you by the above-named for or on account of goods of services supplied, bills of notes discounted, and liability undertaken for their accommodation, or any other reason whatsoever. This instrument shall constitute a continuing of standing Guarantee to the extent of my/our liability above stated. No granting of credit extension of former credit of granting of time to the above-named and no waiver indulgence of neglect to sue on your part shall impair my/our liability hereunder; as between myself/ourselves and your company I / we shall be deemed to be a principal Debtor and liable to you accordingly.

Guarantor Signature.....Guarantor Address.....

Witness Signature..... Witness Address.....

Dated at.....this.....day of.....20.....

Note - This form must be completed in full. The original signed form must be received by Techspan Group before the account can be opened. First orders must be paid for prior to deliver/collection of goods.