



Icon Logistics Limited

PO Box 13185

Green Island 9052

Dunedin

03 477 9595

finance@iconlogistics.co.nz

New Customer Credit Application

Sole Trader

Partnership

Company

Other

(Circle One)

Legal Name: _____

Trade Name: _____

Physical Address: _____

Postal Address: _____

Email: _____

Telephone: _____ Fax: _____ Mobile: _____

Business Activity: _____

If sole trader or partnership, please provide a copy of your driver's license or provide license details:

Personal details of Directors, partners, or individual if sole trader:

Full Name: _____ Address: _____ DOB: _____

Full Name: _____ Address: _____ DOB: _____

Full Name: _____ Address: _____ DOB: _____

Independent Trade references:

1. _____ Contact phone: _____

2. _____ Contact phone: _____

3. _____ Contact phone: _____

Administration Contact name & email: _____



Icon Logistics Limited

PO Box 13185

Green Island 9052

Dunedin

03 477 9595

finance@iconlogistics.co.nz

Terms of Credit

1. I understand that Icon Logistics will contact my credit references and will query our organizations' credit status and payment history
2. I agree to make payment in full for all services as agreed in this contract by the 20th of the month following the date of invoice.
3. I understand that any payments made late will incur interest at the rate of 2.5% per month.
4. I understand that collection and/or legal fees incurred on any unpaid accounts will be payable in addition to the amount due plus interest.
5. I understand that the privilege of credit may be withdrawn if payment is not made on time.
6. I understand that the customer may not withhold payment or make any deductions from or set off any amount against any amount owing without Icon Logistics Ltd written consent.
7. Any claims for credit must be made within 14 days of receipt of the services.
8. Where a quote is given for the supply of services, the quotation shall be valid for a period of 60 days from the date of issue, altered by the prevailing rate of FAF that applies at the date(s) of service.
9. I authorise Icon Logistics Ltd to obtain credit information from any credit agency about the customer at any

Name: _____

(Please print name in full)

Position: _____

Signature: _____

Date: _____

Icon—Admin Use Only

Date Application Reviewed

Credit approved (Y/N) _____ or Cash Only

Credit limit:

Person approving credit/customer:

Client Code:

Client entered in Greentree Dispatch System