

# BUSINESS ACCOUNT APPLICATION

## BUSINESS ACCOUNT

Full Legal Name:		Company Number:	
Trading Name:			
Trading As: (Please tick) <input type="checkbox"/> Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Society/Non-Profit <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other			
Year Commenced:		Nature of Business:	
Street Address:			
City:		Post Code:	
Postal Address:			
		Email Address:	
Work Number:		Fax Number:	
Contact Person:		Mobile Number: <small>Contact Person</small>	
Number of Fuel Cards applying for:		Monthly spend per month:	

## PROPRIETOR/PARTNER/DIRECTOR INFORMATION

1. Full name of Proprietor/Partner/Director/Signatory:		Date of Birth: / /	
Residential Address: <small>Not P.O. Box</small>			
Drivers Licence Number:		Drivers Licence Version:	
2. Full name of Proprietor/Partner/Director/Signatory:		Date of Birth: / /	
Residential Address: <small>Not P.O. Box</small>			

## DECLARATION/PRIVACY ACT

I/We warrant the information given hereon is correct and authorise any person or organisation to provide Cardlink with such information as may be required to establish my/our credit worthiness. I/We agree to be bound by Cardlinks Terms and Conditions ([cardlink.co.nz/terms-conditions/](http://cardlink.co.nz/terms-conditions/)). Usage of the card(s) indicates that you have read and accepted these Terms and Conditions. The Cardmaster, the Card Users and the Named Persons will be jointly and severally liable for all charges made with or incurred by the use of the Card(s) issued to the Cardmaster and the Card User as provided in such Terms and Conditions. I/We understand that by signing this application and/or the acceptance or use of our card(s), I/We as Named Persons, accept joint and several personal liability in respect of all use of the card(s) by the Cardmaster and the Card Users as identified in the Terms and Conditions.

Signatory's full name:		Title (Business Only):	
Signature:		Date: / /	
Joint applicant full name (1)			
Signature:		Date: / /	
Joint applicant full name (2)			
Signature:		Date: / /	
<input type="checkbox"/> I have read and accepted your terms & conditions (also available online at <a href="http://www.cardlink.co.nz/cardsmart/forms">www.cardlink.co.nz/cardsmart/forms</a> )			
<input type="checkbox"/> I would like to have my statements emailed to:			
Direct Debit is our preferred payment method, set it up by completing the Direct Debit Request form ( <a href="http://cardlink.co.nz/direct-debit-form/">cardlink.co.nz/direct-debit-form/</a> )			
Preferred Payment Cycle: <input type="checkbox"/> Weekly* <input type="checkbox"/> Fortnightly* <input type="checkbox"/> Monthly*			



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