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Account Application Form

ACCOUNTNAME(in full) _____

TRADING NAME (if applicable) _____

BILLING ADDRESS _____

CONTACT NAME _____

PHONE _____ FAX _____ MOBILE _____

BANK NUMBER _____

EMAIL CONTACT _____

EMAIL ADDRESS FOR MONTHLY STATEMENT _____

Payment Terms and Conditions:

I/We apply to open a monthly credit account and acknowledge that I/We have read the terms stated and agree to abide by these terms.

Upon issuing Aorangi Debt Collection's (ADC) monthly statement I/We authorise ADC to deduct commission and expenses from funds held in the ADC Trust Account on our behalf.

I/We understand that Aorangi Debt Collection receives commission on any monies collected whether the debtor pays to Aorangi Debt Collection or to us, including whether the debtor is taken to the Disputes Tribunal or the District Court.

Where I/We receive 'paid direct' funds, ADC will be notified immediately to cease further action with the debtor. ADC will invoice the commissions payable to us.

I/We agree to pay ADC strictly on the 20th day of the month following the date of Statement. Failure to do so may result in the stopping of credit facilities without notice, until payment is made. Overdue accounts will incur interest charged at 2% above ASB Banks overdraft interest rate.

All costs of collection including debt collector's fees, solicitors costs, charges and expenses on a Solicitor and own client basis will be added to the account.

Suspension of Service:

Once a debt is placed with Aorangi Debt Collection and the recovery process has commenced all costs associated with the recovery are payable by us.

Aorangi Debt Collection reserves the right to stop work if accounts are not paid on time or a request for information or action remains unsatisfied. Continued non-compliance will result in the account being closed, and the account being handed to Aorangi Debt Collection to instigate debt recovery action to recover the amounts outstanding.

SIGNED:

FULL NAME OF SIGNATORY:

DATE:
