

# McKeown Petroleum/Chemicals - Credit Application

This application is for the purchase of all products & services provided by McKeown Group Limited ("McKeown") and/or its authorized agents

**Step 1:** Fill in all details required for section 1.

**Step 2:** Select either section 2a or 2b for the type of ownership applicable to you, **but don't fill in both sections**. If section 2b is filled in then section 3 is also required to be filled in.

**Step 3:** Print sign and post to McKeown Group Limited, PO Box 124, Oamaru.

**If you have any questions or queries please contact McKeown Group Ltd on 0800 800 908**

## 1. Account details *For all applicants*

Full legal name of limited liability company/partnership/sole trader/trust/incorporated society

Legal Name:

Trading as *(if applicable)*

Postal address

Suburb

Town/City

E-mail Address

GST Number

Postal Code

Contact Name

Contact Position

Phone

Fax

Cell Phone No

Type of business

Years in business

Monthly credit limit requested

Est litres/month Petrol

Est litres/month Diesel

Est litres/month Lubricants

Bankers

Bank Account Number

Accountant Firm

Accountant Name

## Delivery Address/es for Fuel or Goods *For all applicants*

1<sup>st</sup> Address

Area

2<sup>nd</sup> Address

Area

## 2a. Sole Trader/Partnership details *For sole traders or partnerships only*

Details 1

Last name

First name (s)

Residential address

Details 2

Last name

First name (s)

Residential address

## 2b. Limited liability company/trust/incorporated society details *For directors, trustees and elected officials only*

To enable McKeown to carry out personal credit checks on directors, trustees and elected officials, you must sign the following authorization: I/We, and where this application is made by a limited liability company, trust or incorporated society, the directors, trustees and elected officials specified below, authorize any person or company holding information about me/us and specified directors, trustees and elected officials (where applicable), to provide McKeown with such information as it may require in response to any enquiries that McKeown might make regarding our credit worthiness.

Details 1

Last name

First name (s)

Residential address

Signature

Phone

Date of birth

Details 2

Last name

First name (s)

Residential address

Signature

Phone

Date of birth

**3. Ltd liability company/trust/incorporated society – personal guarantee***For Limited liability company/trust/incorporated societies only*

Last name (of guarantor)	First name (s)
Residential address	
Phone	Date of birth

IN CONSIDERATION of McKeown and/or it's agents supplying any goods or services or any other advances to the principal,

Full legal name of limited liability company/trust/incorporated society
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I, the guarantor, HEREBY GUARANTEE to McKeown Group Limited ("McKeown") the due and punctual payment of all monies due by the person(s) named in section 1 of this application form (the "applicant") to McKeown. I AGREE THAT:

- This guarantee is a continuing guarantee.
- This guarantee is not affected or discharged by granting to the applicant of any time or credit, by any waiver, indulgence or neglect to sue, the release of any securities or by the winding up or the bankruptcy of the applicant.
- My obligation under this agreement shall be that of a principal debtor.
- This guarantee shall continue in force even if the applicant's account with McKeown may from time to time be in credit.
- If there are two or more guarantors my liability shall be joint and several.
- I agree to pay all outstanding sums due to McKeown by the applicant within seven days of any notice of the applicants default including interest on all outstanding sums at the default rate specified by McKeown and McKeown's full costs of enforcing this guarantee (including, but not limited to, costs on a solicitor and client basis).
- MY NET WORTH EXCEEDS the credit limit applied for by the applicant.

Signature of guarantor	Date	In the presence of (signature witness)
Last name (of witness)	First name(s)	
Residential address		

**4a. Declaration***For all applicants*

- I/We confirm that the foregoing statements (including all details completed by us or our guarantor(s)) are true and complete.
- I/We understand that McKeown reserves the right to decline any application.
- I/We have read and understood the terms and conditions of this account application and agree to be bound by them
- Upon acceptance of this application, I/we agree to be bound by the McKeown Card terms and conditions.
- Pursuant to the Privacy Act 1993 the following has been brought to my/our attention:
  - This form collects personal information about me/us for the purposes of providing a credit account, administration of that account and for the purposes of providing ongoing information about McKeown products and services. The intended recipient of this information is McKeown. The information is being collected by and is held at McKeown Group Limited, PO Box 124, Oamaru. Failure to provide this information may result in my/our application being declined. I/We have rights of access to, and may request the correction of personal information about me/us held by McKeown.
  - I/We authorize any person or company to provide McKeown with such information as it may require in response to credit enquiries.
  - I/We authorize McKeown to furnish to any third party, details of this and any subsequent dealings that I/we may have with McKeown as a result of the application being approved.

Details 1	Last name	First name(s)
	Authorised signature	Date
Details 2	Last name	First name(s)
	Authorised signature	Date

**4. Card details***For all McKeown Card applicants*

Please enter below a Vehicle Registration as mandatory, and a Driver Name if required only. This will appear embossed on the McKeown Card.

	Registration Number	Driver Name	Card Restriction Type (Tick one)	
			All Purchases	Fuel Oil Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

7. Direct debit

For all applicants

Authority to accept Direct Debits Not to operate as an assignment or agreement

Name of account

[Empty text box for Name of account]

Bank account from which payments to be made:

Bank Branch number Account number Suffix

[Empty table for Bank, Branch number, Account number, Suffix]

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

To: The Bank Manager

Bank:

[Empty text box for Bank]

Bank address:

[Empty text box for Bank address]

Authorisation Code 0206788

- I/We authorize you until further notice to debit my/our account with you all amounts which McKeown Group Limited (hereinafter referred to as the initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit.
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement:

Payee particulars Payer code Payer reference

[Empty table for Payee particulars, Payer code, Payer reference]

Signature(s)

[Empty text box for Signature(s)]

Signature(s)

[Empty text box for Signature(s)]

Date

[Empty text box for Date]

Original retained at branch

FOR BANK USE ONLY

Table with columns: Approved, Date received:, Recorded by:, Checked by: and empty rows for data entry.

CONDITIONS OF THIS AUTHORITY

- 1) The Initiator
a) Has agreed to give advance notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the direct debit will be initiated. This notice will be provided either:
i) in writing; or
ii) by electronic mail where the customer has provided prior written consent to the initiator.
b) May upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further Direct Debits are to be initiated under the authority.
2) The customer:-
a) At any time, terminate this authority as to future payments by giving written notice to the bank and to the initiator.
b) Stop payment of any direct debit to be initiated under this authority by the initiator by giving written notice to the bank prior to the direct debit being paid by the bank.
3) The customer acknowledges that:-
a) This authority will remain in full force and effect in respect of all direct debits made from me/our account in good faith not withstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.
b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this authority.
d) Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:-
i) the accuracy of information about direct debits on bank statements
ii) any variations between notices given by the initiator and the amounts of direct debits
e) The bank is not responsible for, or under any liability in respect of the initiators failure to give written advance notice correctly nor for the non receipt or late receipt of notice by me/us for any reason whatsoever.
4) The bank may:-
a) In it's absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
b) At any time terminate this authority as to future payments by notice in writing to me/us.
c) Charge it's current fees for this service in force from time to time.