LEVEL 3, 21-23 ANDREWS AVE
LOWER HUTT 5014
WELLINGTON
0800 765 555

SALES REP

DATE

CREDIT SALES AGREEMENT

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ _____

First Name Middle Name Surname Preferred Name

CURRENT ADDRESS

DO YOU ☐ Own your own home ☐ Pay rent ☐ Pay Board ☐ Live with your parents/Guardians

Number Street Name

Suburb City Postcode

Time at this address Years Months

Mobile Phone

Email

PREVIOUS ADDRESS

Number Street Name

Suburb City Postcode

Time at this address Years Months

YOUR PERSONAL DETAILS

DATE OF BIRTH /Day /month /year

No. of dependent children under 18 years old living with you?

2 ALTERNATIVE CONTACT DETAILS

Name of relative (in NZ) not living at your address who will act as reference or messenger

(1) First name Surname Relationship

Address Phone(s)

(2) First name Surname Relationship

Address Phone(s)

FINANCIAL DETAILS

WAGES

Employer's Name

Address

Time at current employment Months Years

☐ Full Time ☐ Part Time ☐ Casual ☐ Self Employed

BENEFITS

Type of benefits (tick all that apply)

☐ DPB ☐ Sickness ☐ Widows ☐ Unemployment ☐ Student Allowance

☐ invalidity ☐ Super ☐ Childcare Assistant ☐ Accommodation Supplement ☐ Family Tax Credit

What is your weekly /fortnightly payment after tax? $_____.00

CREDIT DETAILS

PRODUCT CODE/DESCRIPTION	WEEKLY/ FORTNIGHT $	DELIVERY TIME	PRICE

Please allow 15 working days from delivery date to process the shipping.

TOTAL PRICE	
INITIAL UNPAID BALANCE	
TOTAL AMOUNT DUE	
TOTAL PAYMENTS	

NOTICE TO CUSTOMER: Your attention is drawn to All Apps Terms and Conditions of Sale on the reverse of this application. By signing this application you acknowledge that you agree to the Terms and Conditions of Sale as stated on the reverse of the application.

IDENTIFICATION A minimum of one photo ID must be listed below

☐ Driver's License _____ Expires_____

☐ Passport ID _____ Expires_____

☐ 18+ Card/Other _____ Expires_____

BANK DETAILS WEEKLY FORTNIGHTLY MONTHLY

Bank **Bank Branch** **Account number** **Suffix**

Bank account name:.....Payment start date/day :.....

PAYMENTS TO CONTINUE ☐ Yes ☐ No

Would you like your payments to continue after you have paid your outstanding balance? (See clause 4 under Terms and Conditions of Sale) [ ] Initials

I agree to the Terms and Conditions on the reverse of this application and I acknowledge that they apply in respect of the sale of goods by All Apps. The information I have provided is true, compete and correct and I am 18 years or older. I acknowledge receipt of a copy of the Terms and Conditions and Disclosure Statement under the Credit Contracts and Consumer Finance Act 2003 (CCCFA)

APPLICANT(S) SIGNATURE _____

DATED _____

RIGHT OF CANCELLATION

You have a legal right to cancel this agreement within 7 working days after you have signed the application. You can do this by completing the form below and posting it to All Apps Limited PO Box 31515 lower Hutt before the expiry of the7 working days.

I HEREBY CANCEL THE AGREEMENT MADE BY ME ON THE DAY _____ OF_____ 20_____ TO OPEN Credit ACCOUNT WITH THE ALL APPS LTD

(PRINT NAME)_____ SIGNATURE_____