

## CLIENT APPLICATION FORM

(To Open an Account)

Please print this form, complete and sign it and either fax it to Asseto on 09 523 6726 or scan/email it to [enquiries@asseto.co.nz](mailto:enquiries@asseto.co.nz)

### CLIENT CONTACT DETAILS:

Client Name (Company or Individual): ..... Company Reg No: .....

Sole Trader or Partnership (list names of partners): .....

Physical Address: .....

Postal Address: .....

Type of Business: .....

Parent Company: .....

Name of Contact Person: .....

Phone: ..... Fax: ..... Mobile: .....

Email: .....

### **Please provide online access for the following employees (if applicable):**

Name of Employee:	User Name:	Password
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Do your Terms of Trade have a clause enabling you to recover collection costs? Y / N (Please attach a copy)

*The Client appoints Asseto to carry out its/her/his instructions in relation to the debt(s) and agrees to pay Asseto its usual commissions, fees, disbursements and GST as per Asseto's Pricing Schedule. The client acknowledges that it/she/he has read and understood Asseto's Terms of Collection.*

Authorised Signatory (Print Name): ..... Date: .....

Signature: ..... Title: .....