





# Gull Fleet Card 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: <i>Contact Person</i>	

## PROPRIETOR / PARTNER/ DIRECTOR INFORMATION

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

## 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 attached to this application. 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:			

If you have any queries or problems completing this Application please contact Cardlink on 0800 727 863 or email [sales@cardlink.co.nz](mailto:sales@cardlink.co.nz)

Please post completed Application, Direct Debit form and any other accompanying information to:  
**FREEPOST 139740, Cardlink Systems Limited, Private Bag 99918, Newmarket, Auckland 1149; or**  
**Fax to: 09 574 7797 or email to [sales@cardsmart.co.nz](mailto:sales@cardsmart.co.nz)**















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## BUSINESS ACCOUNT HOLDER

Full Legal Name:

Company Number:

Trading Name:

In consideration of Cardlink Systems Limited agreeing to supply the Account Holder with goods and services:

I \_\_\_\_\_  
Full name of guarantor  
guarantee the due performance and observance of the obligations contained in this agreement or any variation of the terms and conditions of this agreement, including the payment of all money which may be owing to Cardlink by the Account Holder.

I acknowledge and agree that:

- 1) This is a continuing guarantee;
- 2) My obligation to Cardlink is both a surety and a principal debtor;
- 3) My liability under the guarantee shall not be affected or discharged by the granting of time or credit to the Account Holder, or by the release, abandonment or waiver of any rights against the Account Holder, or the winding up or bankruptcy of the Account Holder, or any of their indulgence to the Account holder;
- 4) The guarantee shall continue in force even if the Principal's account is in credit; and
- 5) If there are two or more guarantors my liability shall be joint and several.

I agree to pay all outstanding sums due to Cardlink by the Account Holder within 7 days of any notice of default by Cardlink, including default rate specified in this agreement and Cardlink's full costs of enforcing the agreement (including, but not limited to, costs on a solicitor and client basis).

By signing below I/we acknowledge that Cardlink Systems Limited has advised me/us to seek legal advice in respect of my/our obligations under this guarantee and I/we **have / have not** done so prior to signing this guarantee.

[Delete One](#)

Guarantor's full name

Title

Signature

Date / /

Residential Address: *Not P O Box*

Full name of Witness

Residential Address: *Not P O Box*

Signature

Date / /