

Account Application Form (Shell Card and/or Shell New Zealand Products Account)

Should you require assistance completing this form please phone 0800 351 111 toll free.

Shell Card/Product Account – circle one/both

Account Details

Trading Name	<input type="text"/>	Years in Business	<input type="text"/>
Legal Name	<input type="text"/>	Company Registration No.	<input type="text"/>
Postal Address	<input type="text"/>		
Street Address	<input type="text"/>		
Contact Name *	<input type="text"/>	Contact Phone Day	<input type="text"/>
E-Mail Address *	<input type="text"/>	Mobile	<input type="text"/>
Type of Business	<input type="text"/>	Fax	<input type="text"/>
Online Access	<input type="checkbox"/>	Username	<input type="text"/>

(If you would like to be able to access your new Shell Card account via the Internet, tick this box. Account access details will be sent out once your account is set up.)

(Existing Shell Card Online users only.)

(Enter your current Shell Card Online username if you want your new Shell Card account to be attached to your existing Shell Card Online username.)

Monthly Consumption

Fuel \$

Other Oil Products \$

- Required for online access.
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Personal Guarantee

Must be completed by sole traders, partnerships, trusts, limited liability companies

TO: SHELL NEW ZEALAND LIMITED

a duly incorporated company having its registered office at Wellington and carrying business throughout New Zealand as a wholesale merchant in the oil, chemicals and gas industries.

First Names	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>	Surname	<input type="text"/>

IN CONSIDERATION of you agreeing to supply product and/or other goods and services and/or to make advances to

Company/Trader Name

If more than two directors, please photocopy the guarantee and obtain additional signatures and attach to the application.

(hereinafter referred to as "the principal debtor") I/We DO HEREBY JOINTLY AND SEVERALLY GUARANTEE to you the due and punctual payment of all monies and obligations now due to you and/or that become due to you by the principal debtor and I/we agree to be answerable and liable to you therefore AND the following provisions shall be applicable to this guarantee:

1. THIS guarantee shall be a continuing guarantee.
2. NO granting of credit extension of former credit or granting of time to the principal debtor and no waiver indulgence or neglect to sue on your part nor the release of any securities held by you nor the liquidation or bankruptcy of the principal debtor shall affect my/our liability to you hereunder and as between you and me/us I/we shall be deemed to be a principal debtor(s) and shall be liable to you accordingly.
3. THIS guarantee shall continue in force notwithstanding that the principal debtor's account with you may from time to time be in credit.
4. WITHIN seven (7) days of notice in writing being given to me/us of any default on the part of the principal debtor, I/we shall make payment to you of all sums in respect of which such default has been made.

I authorise any person or company to provide you with such information as you may require in response to your credit enquiries.

Signed by the said
(Guarantor):

X

Dated on Day Month Year

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Vehicle Registration (or Pool)	<input style="width:90%;" type="text"/>	Card Holder Name (or Any Driver)	<input style="width:90%;" type="text"/>
Vehicle Details (or Any Vehicle) Include make / body / colour	<input style="width:90%;" type="text"/>	Cost Centre (Optional)	<input style="width:90%;" type="text"/>

1. PRODUCT RESTRICTIONS – Tick the products that this card can purchase:

<input type="checkbox"/> ULTRA 96	<input type="checkbox"/> ULTRA 91	<input type="checkbox"/> DIESEL	<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> CAR WASH	<input type="checkbox"/> VEHICLE SERVICING
<input type="checkbox"/> PARKING*	<input type="checkbox"/> SHOP	<input type="checkbox"/> EQUIPMENT & VEHICLE HIRE	<input type="checkbox"/> MEALS & ACCOMMODATION*	<input type="checkbox"/> TRADE SUPPLIES*		

2. MANAGEMENT CONTROLS – Tick the controls you would like to set for this card (otherwise leave blank):

<input type="checkbox"/> COMPULSORY PIN ENTRY	<input type="checkbox"/> SELECT OWN PIN – ENTER-4-DIGIT NUMBER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> PIN NOTIFICATION VIA MAIL	<input type="checkbox"/> COMPULSORY ODOMETER ENTRY
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3. CARD PURCHASE LIMITS – (recommended): All card limits are electronically enforced.

TRANSACTION LIMIT (MIN \$200) \$ DAILY LIMIT \$ MONTHLY LIMIT \$

4. CARD MONTHLY PRODUCT PURCHASE LIMITS – (optional):

ULTRA 96 \$ <input style="width:60px;" type="text"/>	ULTRA 91 \$ <input style="width:60px;" type="text"/>	DIESEL \$ <input style="width:60px;" type="text"/>	GAS \$ <input style="width:60px;" type="text"/>	OIL \$ <input style="width:60px;" type="text"/>	CAR WASH \$ <input style="width:60px;" type="text"/>
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Direct Debit Authority

All Applicants are required to enter this section.

Bank account from which payments to be made:

Account Name

Account Number

Bank Branch Account Suffix

Please attach an encoded deposit slip to ensure your account number is loaded correctly.

Authority to accept Direct Debits
Not to operate as an

To: The Bank Manager

Bank

Bank Address

Town/City

Authorisation Code
0608418
Date

I/We authorise you until further notice to debit my/our account with all amounts which
Shell New Zealand 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:

Payer Particulars Payer Code (your reference) Payer Reference

S H E L L **I N V O I C E** **N O**

Name of Bank Account

Your Signature(s)

X

For Bank Use Only:	Date Received:	Recorded By:	Checked By:				
<table border="1"> <tr> <td colspan="2">Approved 0841</td> </tr> <tr> <td>01</td> <td>96</td> </tr> </table>	Approved 0841		01	96	Original Retained At Branch	Bank Stamp	
Approved 0841							
01	96						

Conditions of this Authority to Accept Direct Debit

1. THE INITIATOR

(a) Has agreed to give written advance notice of the net amount of each Direct Debit and the due date of debiting at least 2 business days before the date when the Direct Debit will be initiated. The advance notice will give the following message:

"The amount \$..... will be direct debited to your bank account on [initiating date]."

(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. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me / us.

2. THE CUSTOMER MAY:

(a) At any time, terminate this Authority as to future payments by giving written notice of termination 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 passed to my / our account in good faith notwithstanding 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. Any other disputes lies between me / us and the initiator.

(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:

- the accuracy of information about Direct Debits on Bank statements
- any variations between notices given by the Initiator and the amounts of the Direct Debit

(e) The Bank is not responsible for, or under any liability in respect of the initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me / us for any reason whatsoever. In any such situation the dispute lies between me / us and the initiator.

4. THE BANK MAY:

(a) In its 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 fee for this service in force from time-to-time.