

PO Box 16-373  
Hornby  
Christchurch 8042



Phone: 0800 166 619  
Email: accounts@kiwigas.co.nz

## ACCOUNT INFORMATION FORM

**NO ACCOUNT WILL BE OPENED UNLESS THIS FORM IS COMPLETED AND SIGNED**

Full Name: \_\_\_\_\_ ("Applicant")

Postal Address: \_\_\_\_\_

Delivery Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin Contact Details (Note: cannot be at the same address)

Name	Address	Phone Number
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Name of current gas supplier: \_\_\_\_\_ or tick if new connection:

Number and size of KIWIGAS cylinders to be supplied (i.e. 2 x 45kg): \_\_\_\_\_

Preferred date for first delivery: \_\_\_\_\_ Delivery Instructions: \_\_\_\_\_

### CONDITIONS OF SUPPLY

Unless otherwise agreed in writing, Ryder (NZ) Limited trading as KIWIGAS agrees to supply and the Applicant agrees to buy gas on the following terms:

1. The Applicant will be charged for the following: (i) the gas supplied and (ii) a monthly cylinder rental fee. Prices subject to change: please call us to confirm the current prices. As at 1 February 2019, the monthly cylinder rental fee is \$40 per bottle per year.
2. The monthly cylinder rental will be charged in advance on a per annum basis and will be charged at the same time as the first gas order and then every year thereafter. The first year's cylinder rental fee is non-refundable.
3. Payment in full of any invoice is required to be made by the 20th day of the month following the date of invoice ("Due Date") and the Applicant will ensure that the account is up to date at all times, otherwise: (i) all credit will be stopped, (ii) any gas cylinder(s) will be collected, and (iii) for any debts outstanding for more than 7 days past the Due Date, debt collection proceedings will be started. **The Applicant agrees and acknowledges that any costs incurred, either directly or indirectly, by KIWIGAS in the collection of**

**any debt owing by the Applicant shall be at the expense of the Applicant and will be added to the amount of the debt owing by the Applicant.**

4. Where the invoice is not paid in full on or by the Due Date, KIWIGAS reserves the right to charge interest on the outstanding balance. Interest will be charged at 5% per month.
5. The Applicant agrees that no other organisation will be used to fill KIWIGAS cylinders that are 12kg or heavier. This is not a fixed contract, if you wish to have another organisation supply gas, then please contact us to close the account and arrange for the KIWIGAS cylinders to be collected.
6. This agreement may be cancelled by the Applicant at any time (either post to P.O. Box 16373 Hornby Christchurch 8042, or email to [accounts@kiwigas.co.nz](mailto:accounts@kiwigas.co.nz)). Once this agreement is cancelled, the Applicant must pay any outstanding invoices and return, or make available for collection, any property and cylinders belonging to KIWIGAS.
7. Any delivery errors, shortfalls or defective goods must be reported to KIWIGAS within 48 hours of delivery.
8. At all times, KIWIGAS is the owner of any gas cylinder(s) it supplies to the Applicant, and ownership of any goods supplied by KIWIGAS shall not pass to the Applicant until the goods are paid for in full. If the goods have been sold or otherwise disposed of by the Applicant, then the proceeds of such resale are the property of the KIWIGAS, and the Applicant shall be accountable to KIWIGAS for any such proceeds.
9. KIWIGAS may close the Applicant's account and remove gas cylinder(s) from the Applicant's property without notice if the Applicant's account is not kept up to date.
10. The Applicant warrants that its gas connections have been properly certified and maintained. KIWIGAS is not responsible or liable for any wear and tear or any damage to the gas connections or fittings.
11. The Applicant authorises KIWIGAS to collect any information that it may require for its credit enquiries from any person relating to credit assessment and/or debt collecting and the Applicant consents to any person providing KIWIGAS with such information.

Signed by the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of signatory: \_\_\_\_\_

Signed by the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of signatory: \_\_\_\_\_

**KIWIGAS BNZ BANK ACCOUNT DETAILS**

**Bank Account No. 02-0865-0045232-00**