

woodnet

Membership Application

Woodnet
PO Box 758
Masterton

Attach
Stamp
Here

Please Fold, Staple and Return to the Above Address



Application for Membership

1. General Information

<p>Please circle the industry sector(s) you are involved in:</p> <p>Research and Development Forest Owner Silviculture Harvesting/Logging Processing Building/Construction Transport/Shipping</p> <p>Other _____ (Please specify)</p>	<p>Please circle any of the following organisations that you/your company belongs to:</p> <p>Forest Industry Engineering Association Forest Industries Training (as an active trainee) Nurseryman's Association NZ Farm Forest Association NZ Forest Owners Association NZ Institute of Forestry Timber Industry Federation Pine Manufacturers Association</p> <p>Other _____ (Please specify)</p>
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2. Membership Type

Please indicate (tick) the type of membership you are applying for:

<p>• Woodnet Membership + Online Ordering <input type="checkbox"/></p> <p>Cost: \$337.50 (GST incl.) per annum</p> <p>1. Access to Supply Contracts 2. Woodnet Card 3. Online Ordering and electronic catalogues <i>Please fill in Marketplace Application Form</i></p>	<p>• Woodnet Membership <input type="checkbox"/></p> <p>Cost: \$112.50 (GST incl.) per annum</p> <p>1. Access to Supply Contracts 2. Woodnet Card</p>
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3. Fuel Options

1. All Members
All members automatically receive access to fuel discounts from BP stations around the country by using the Woodnet Card to purchase fuel. You will receive your first Woodnet Card with your membership and if you require multiple cards please photocopy and fill in the relevant section of the **Card Application Form**. Additional cards cost \$5.00.

2. Members who collectively use 500 litres of fuel per month
If you or your company uses more than 250 litres of fuel per month then Woodnet can make available further discounts. (Check the Woodnet website or call 0508 Woodnet for latest pricing). This pricing is available through a **BP Fuel Card** and these are available below the usual cost for only \$5.00 each.

Please send me an application for a BP Fuel Card/s

(Note –regularly updated ‘fuel prices’ for the above cards are represented on the www.woodnet.co.nz web site.)

Terms and Conditions

A copy of the current Terms and Conditions for Woodnet membership and use of the Woodnet Card/Marketplace are available upon request and will accompany your Woodnet Membership card. Purchasing through Woodnet Supply Contracts and use of the card or the Woodnet Marketplace indicates that you have read and accepted these Terms and Conditions.

Please complete and return to Woodnet



CURRENT CARDLINK ACCOUNT NUMBER IF ALREADY A CLIENT					
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Business Account Application

FULL LEGAL NAME	
TRADING NAME	
TRADING AS COMPANY / PARTNERSHIP / TRUST / SOLE TRADER	YEAR COMMENCED
NATURE OF BUSINESS	

STREET ADDRESS			
SUBURB			
CITY		POSTCODE	
POSTAL ADDRESS			
EMAIL ADDRESS			
STD	TELEPHONE NUMBER	STD	FAX NUMBER
MOBILE NUMBER		CONTACT NAME	

Individual Account Application

MR / MRS / MS / MISS	FAMILY NAME		
GIVEN NAMES		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
POSTAL ADDRESS			
EMAIL ADDRESS			
ANNUAL INCOME (please attach current pay slip)		CURRENT OCCUPATION	
CURRENT EMPLOYER		EMPLOYER ADDRESS	
TYPE OF RESIDENCE		HOW LONG AT CURRENT POSITION	
RENT / OWN / BOARD / LIVING WITH RELATIVES		TIME AT THIS RESIDENCE	
STD	TELEPHONE NUMBER	STD	FAX NUMBER
STD	WORK TELEPHONE NUMBER	MOBILE NUMBER	

JOINT APPLICANTS DETAILS			
MR/MRS/MISS/MS	FIRST NAME	SURNAME	DATE OF BIRTH

Proprietor / Partner / Director Information for Business Applicants Only

FULL NAME OF PROPRIETORS < PARTNERS OR DIRECTORS	RESIDENTIAL ADDRESS (NOT PO BOX)	DATE OF BIRTH
NAME AND ADDRESS OF AN EXTERNAL ACCOUNTANT TO CONFIRM FINANCIAL DETAILS		STD TELEPHONE NUMBER
BUSINESS OR TRADE REFERENCE		STD TELEPHONE NUMBER

Additional Cards

NUMBER OF ADDITIONAL CARDS REQUIRED	NAMES OR REGISTRATION NUMBERS TO APPEAR ON ADDITIONAL CARDS	CARDHOLDERS SIGNATURE

All Applicants To Sign Declaration

DECLARATION
 We warrant that the information given herein is correct and authorise you to make any enquiries you may deem necessary in connection with this application. We understand that you reserve the right to decline the Application without giving any reasons and that no correspondence will be entered into in these circumstances. This Application is made subject to the Terms & Conditions that may be amended from time to time under which Cardlink ONE Cards are issued. A copy of the current Terms and Conditions are available upon request (also available at www.cardlink.co.nz) and will accompany the card(s) if the application is accepted. Usage of the card(s) indicates that you have read and accepted the 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 & Conditions. We understand that the Card Charge may vary from time to time. We authorise you to honour requests in such form as you require signed by either the authorised signatories or persons designated by them for the issue of a Card to any nominated person or vehicle. We authorise you to provide Woodnet, from time to time, any information they may require about the account that will be opened.

I /We have read and agreed to the terms and conditions above	AUTHORISED SIGNATORY'S FULL NAME	SIGNATURE X	TITLE (BUSINESS)	DATE
	JOINT APPLICANT	SIGNATURE X		DATE

FOR OFFICE USE ONLY	CREDIT MANAGER APPROVAL	CREDIT LIMIT \$	DATE

IF YOU HAVE ANY QUERIES OR PROBLEMS PLEASE CONTACT CARDLINK SYSTEMS LIMITED ON 0508 66 38 66 OR EMAIL: ENQUIRIES@CARDLINK.CO.NZ

Conditions Of This Authority To Accept Direct Debits



The Initiator:

(a) The Initiator undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the first Direct Debit is drawn (but not more than 2 calendar months).

Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide the Acceptor with a schedule detailing each payment amount and each payment date.

In the event of any subsequent change to the frequency or amount of the Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.

(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.

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.

(c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

The Customer Acknowledges That:

(a) This authority will remain in full force and effect in respect

of all Direct Debits passed to my/our accounting 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 dispute lies between me/us and the Initiator.

(d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.

(e) The Bank is not responsible for, or under liability in respect of:
- any variations between notices given by the Initiator and the amount(s) of Direct Debits,
- 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.

(f) Notice given by the Initiator in terms of Clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

The Bank May:

(a) In its absolute discretion conclusively determined 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 anytime terminate this authority as to future payments by notice in writing to me/us and given to or drawn on the Bank.

(c) Change its current fees for this service in force from time-to-time.

CARDLINK SYSTEMS LIMITED > CNR KENT & CROWHURST STREETS > PRIVATE BAG 99918 NEWMARKET AUCKLAND NEW ZEALAND
TELEPHONE 09 529 5796 > FAX 09 529 5795 > EMAIL ONE@CARDLINK.CO.NZ

Signature.....



Marketplace Application

Please fill in this form if you indicated on the first page that you would like to have access to the Online Ordering System.

The following information is required to provide your company with online shopping access.

1. Primary Users Name: _____

2. Billing Address

Contact Name: _____

Address _____ Suburb _____

City _____

Contact Phone Number _____

3. Delivery Address

Contact Name: _____

Physical Address _____ Suburb _____

City _____ Contact Phone Number _____

Special Instructions _____

Secondary delivery Address (optional)

Contact Name: _____

Physical Address _____ Suburb _____

City _____ Contact Number _____

Special Instructions _____

Please complete and return to Woodnet