

GCo Mobil Card Application

Applicant name

Physical address

Postal address.....

Email

Work number.....

Mobile number

Card Type (Fuel only or all Purchases)

Estimated Monthly Spend (All cards)

Card Details

Full Name	Registration No.	Daily limit (\$)	Monthly limit (\$)	Pin (4 digits)

Continue on separate sheet if necessary

GCo will email you a copy of the monthly invoice by the 2nd working day of each month.

The abovenamed applicant (“I”, “me”) agrees:

- I am personally liable to GCo for all purchases made using the GCo Mobil card(s) issued to me, even if I have not made the purchase personally.
- To pay all amounts due on the GCo Mobil card(s) by way of Direct Debit on the 10th of the month following month of invoice by GCo. Late payment will attract default interest at the rate of 2% per month on all overdue amounts until payment in full.
- To reimburse, on demand, GCo all debt collection costs, dishonour fees, legal (on a solicitor – own client basis), and other costs incurred by GCo in recovering amounts owing to GCo by me.
- To a credit check that may be completed by GCo.
- Either GCo or I may cancel this agreement by providing 14 days’ written notice. Upon termination, I will cease using, and I remain liable for all moneys owing on, the Mobil card(s), and for the immediate return of all Mobil Cards.
- This application is subject to approval by GCo, and GCo may decline it at GCo’s sole discretion.

If the applicant is a company, the person signing this application agrees that s/he personally guarantees the performance by the applicant of all its obligations under this agreement, including payment of all sums due, and indemnifies GCo against all losses suffered by GCo arising out of the applicant’s breach of this agreement.

Name.....

Date.....

Signature.....

Please return both the completed Mobil card application form and direct debit form to fuelcards@gabbassociates.co.nz

Please call 09 909 7221 or 09 212 9462 for any queries.

AUTHORITY TO ACCEPT DIRECT DEBITS

CUSTOMER NAME :

AUTHORITY TO ACCEPT DIRECT DEBITS (Not to operate as an assignment or agreement)
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BANK ACCOUNT FROM WHICH PAYMENTS ARE TO BE MADE:											
Bank	Branch			Account Number				Suffix			

1	5	0	5	1	1	1
AUTHORISATION CODE						

BANK:	BRANCH:
ADDRESS:	
TOWN/CITY:	

I/We authorise you until further notice to debit my/our account with you all amounts which –

Gabb Associates 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 on the reverse of this form.

YOUR SIGNATURES

BANK ACCOUNT HOLDER(S) TO COMPLETE

DATE

Date Received	Recorded By	Checked By
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Bank Stamp

CONDITIONS OF THIS AUTHORITY

The Initiator: (Gabb Associates Limited)

- a) The Initiator undertakes to give written notice to the acceptor of the net amount of each Direct Debit at least 10 calendar days (but not more than 2 calendar months) before the due 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.

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.

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 and 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 any liability in respect of: any variations between notices given by the initiator and the amounts 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.

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 by the Bank.
- b) At any time terminate this authority as to future payments by written notice to me/us.
- c) Charge its current fees for this service in force from time to time.