



# Business Mastercard Account Holder Application

## Westpac use only

Account holder CRS Number

Relationship Number

PCT

### A. Details of the Business/ Company/ Organisation

Organisation type  Company  Partnership  Government  Trust  Other

Registration number (if any)

Registered name

**Business/Company/Organisation** name (if different from Registered Name)

**Business/Company/Organisation** name to appear on all cards belonging to this facility (maximum 22 characters including spaces)

Postal address  PO BOX/PRIVATE BAG

SUBURB TOWN/CITY

Street address/registered office  BUILDING, NUMBER & STREET

SUBURB TOWN/CITY

### B. Data option

Do you require transaction data to be sent to your company's expense management system or your internal finance system?

No  Yes

### C. Account credit/ facility limit

What credit/facility limit are you applying for \$

(This is the sum total credit limits for all cards on your account)

### D. Business Card Administrators/ Operating Authority

Person(s) authorised to contact Westpac to add or delete cardholders on this account, and to update card limits, name, address, card balances etc.

Westpac will only act on instructions from person(s) named in this section and/or section F.

First Administrator  Mr  Mrs  Ms  Miss  Other (please specify)

Full Name

Date of birth DAY / MONTH / YEAR Job title/occupation

Phone nos. Work DDI Mobile

Work email address

Work address

Signature of first Administrator Date

Second Administrator  Mr  Mrs  Ms  Miss  Other (please specify)

Full Name

Date of birth DAY / MONTH / YEAR Job title/occupation

Phone nos. Work DDI Mobile

Work email address

Work address

Signature of second Administrator Date

**E. Confirmation of identity**

Westpac is, or may be, required to verify your identity, the identity of the people listed in this form and certain other information provided in this form. Please refer to Westpac’s list of acceptable verification documentation at [westpac.co.nz/AML](http://westpac.co.nz/AML).

**F. Acknowledgement & Authorisation**

I/We

- request that Westpac open a Business Mastercard account ('the account').
- acknowledge that we have been provided with a copy of the Westpac Mastercard BusinessCard/PurchasingCard Conditions of Use.
- agree that, if approved, the account will be subject to those Conditions of Use.
- acknowledge that, where required, securities held at present or which may be held in future to secure the account holder’s other direct or contingent liabilities are also held to secure any liability incurred through the use of the account.
- certify that all information supplied in this application is true, correct and complete in every respect and understand that if it is not true, correct and complete, this application may be declined.

**What you have authorised. You authorise:**

- the signatories named in this authority to operate this account and to everything relating to your relationship with Westpac New Zealand Limited ("Westpac") for this account.
- other people to be added to or removed from this authority only by notice in writing to Westpac signed in the same manner as this form.
- Westpac to make all necessary enquiries (now or throughout the life of any account issued as a consequence of this application) concerning the account

holder’s (and/or any director’s) credit record, residence, employment, financial status, and any information provided by you in this application for the purposes related to provision of credit to the account holder, from whatever source Westpac considers appropriate, including any credit reporting agency with which Westpac has a subscriber agreement.

- any party approached to provide such information to Westpac.
- Westpac to disclose the account holder’s relevant information (including default information) to any person Westpac may appoint to collect any outstanding debt.

**Receiving and acting on instructions by fax, phone, electronically or other means**

As part of doing business, Westpac may communicate with you by fax, telephone, electronically or otherwise and may accept telephone, facsimile, electronic or other instructions in the course of the banker/customer relationship. However, Westpac:

- is not obliged to accept them; and
- will not be liable to you; and any other party if the instructions are unauthorised, forged or fraudulently given and Westpac could not have reasonably detected that from the instructions received.

**Indemnify Westpac**

To the maximum extent permitted by law you will indemnify Westpac for any losses incurred in relation to acting on such instructions.

Signature of authorised signatory	Date DAY / MONTH / YEAR
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Full name \_\_\_\_\_

Contact number \_\_\_\_\_ Position/designation \_\_\_\_\_

Signature of authorised signatory	Date DAY / MONTH / YEAR
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Full name \_\_\_\_\_

Contact number \_\_\_\_\_ Position/designation \_\_\_\_\_

<b>Westpac use only</b>		Branch stamp	
Credit limit \$	<input type="checkbox"/> Approve <input type="checkbox"/> Decline		Branch/split code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Authorised by	Signature		Date DAY / MONTH / YEAR
Name	Job Title		Extension CAL Limit
Courier cost	<input type="checkbox"/> Branch <input type="checkbox"/> Customer		



# Westpac Business Mastercard Direct Debit Authority

Name of bank account to be debited \_\_\_\_\_

Bank account number

Bank Branch Account Number - Suffix

Name of your bank \_\_\_\_\_

Authority to accept Direct Debits (Not to operate as an assignment or agreement) AUTHORISATION CODE 0300633 (User number)

I/We authorise you until further notice in writing to debit my/our account with all amounts which Westpac 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 list below.

Full name \_\_\_\_\_ Full name \_\_\_\_\_

Designation \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date DD / MM / YYYY \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

Westpac use only Approved 0063 10 18 Date received Recorded by Checked by Bank stamp

## Conditions of this Authority to Accept Direct Debits

### 1. For monthly variable payments, the Initiator:

- a. Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days (but not more than 2 calendar months) before the date when the Direct Debit will be initiated.

### OR for payments requested by the customer, the Initiator:

- a. Will not initiate a Direct Debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account and has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1(a) but no later than the date the Direct Debit will be initiated.
- 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.
- c. May, upon receiving written notice (dated after the date of this Authority) from a bank to which I/we have transferred my/our account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.

### 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 dispute 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; and any variations between notices given by the Initiator and the amounts of Direct Debits.
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) 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 signed 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 its current fees for this service in force from time-to-time.