

# GLOBAL CREDIT MANAGEMENT

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## Credit Check Authorisation Form (Company)

I / We being the Directors of the company being credit checked authorise any person or company to provide \_\_\_\_\_ or their agents with such information as they require for the purpose of making a credit decision, accessing our companies credit worthiness as a prospective tenant or borrower, for a credit account, to act as a guarantor or check our credit history.

I / We further authorise \_\_\_\_\_ or their agents to furnish any third party details of this application and any subsequent dealings that the company may have as a result of this application being actioned. I / We understand that these third parties (such as debtor collection companies and credit checking agencies but not limited too) may keep this information on file and provide such information to other parties.

Company details are below and I / We understand this information will be used to complete the credit check.

Company Name : \_\_\_\_\_

Current Address: \_\_\_\_\_

Directors: Name(s): \_\_\_\_\_

Directors: Name(s): \_\_\_\_\_

Reason for credit check being carried out: \_\_\_\_\_

I / We confirm the above information to be true and correct

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Company Director(s)

Details of party being provided with credit check information

Name: \_\_\_\_\_

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

Phone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

E mail address: \_\_\_\_\_

Director(s) Credit Report Required Yes / No

Should any party to this application require clarification over any matter relating to the credit check please contact Global Credit Management Limited on 800 688 086. Once form has been completed please fax to 04 472-9894 or e mail to info@globalcredit.net.nz

**Office Use Only : Veda Checked**

**Debt Collection Database Checked**