

# Air BP Application Form



## PLEASE COMPLETE IN CAPITAL LETTERS

For Terms and Conditions please visit: [https://www.bp.com/en\\_nz/new-zealand/Products-and-Services/Air-BP.html](https://www.bp.com/en_nz/new-zealand/Products-and-Services/Air-BP.html)

Please print out and hand sign the application in the required boxes.

Send your scanned completed application to: **[bpnzcreditapplications@bp.com](mailto:bpnzcreditapplications@bp.com)**

Post the completed application to: Air Credit Applications

PO Box 9987

Newmarket Auckland 1149

## PLEASE TICK BOX FOR ENTITY APPLYING:

Limited Company     Partnership     Limited Partnership     Sole Trader     Trust     Incorporated Trust/Society

## APPLICATION DETAILS – ALL APPLICANTS MUST COMPLETE THIS SECTION

### FULL LEGAL NAME:

Note: **Limited liability company, limited partnership, incorporated trust/society name must match Companies Office Register or the Business Registers.**

NZ Business Number:

GST number:

TRADING NAME (if different from legal name/partnership name if applicable):

NUMBER OF PARTNERS/TRUSTEES (for a partnership/trust only):

COUNTRY IN WHICH REGISTERED/INCORPORATED (for individuals - Resides):

PHYSICAL/DELIVERY ADDRESS:

Post code:

POSTAL ADDRESS:

Post code:

ADDRESS OF REGISTERED OFFICE (to be completed by limited liability company only):

Note: **Must match the Companies Office Register**

Post code:

Number of years in business:

Date of incorporation:

Telephone:

Mobile:

Fax:

Type of business:

Email (for invoices, notices and communications):

Authorised contact person (first name, surname):

Position held:

ESTIMATED MONTHLY SPEND\*:

Air BP Card:

Bulk fuel deliveries:

IF A SOLETRADER: NATIONALITY

DATE OF BIRTH:

THIS APPLICATION IS FOR: (Please tick one)

- Air BP Airfield Representative  
 Air BP Distributor  
 Air BP Customer (Neither of the above options)

Does the applicant undertake any business with, or involving the following countries, or with persons ordinarily resident in such countries, or with entities organised under the laws of, operating from, owned by, or controlled by such countries (including their foreign subsidiaries)?:

Syria

North Korea

Iran

Belarus

Myanmar/Burma

Republic of Sudan (Sudan or North Sudan)

Republic of South Sudan

Cuba

YES

NO

## DECLARATION – ALL APPLICANTS MUST COMPLETE THIS SECTION INCLUDING APPLICANT DETAILS

**Must be ticked by the authorised signatory above.**

**Authority**

I confirm that I am authorised to enter into this agreement between the Applicant and BP Oil New Zealand Limited ("BP") on behalf of the Applicant: (a) as a sole signatory; or (b) with other authorised signatories for the Applicant, who I have notified to BP in the section below.

**Declaration and Agreement**

I confirm that all information by the Applicant to BP is accurate, up to date and not misleading and that, on behalf of the Applicant, I have read, understood and agree to the provided "[Standard terms and Conditions – Supply of Products and Air BP Card](#)" ("Terms"). In particular, I confirm that: (a) the Applicant agrees to clause 2 (Acceptance), regarding BP's right to accept or decline my application, clause 11 (PPSA) regarding security interests, clause 19 (Privacy) regarding personal information, including disclosure to credit reporting agencies and clauses 18 and 26 (Liability) regarding limitations and exclusions of BP's liability; and (b) the Applicant is a Business Buyer (as defined in the Terms).

**Direct Debit**

I authorise BP to debit amounts owing by the Applicant to BP, from the account nominated in the Applicant's application, in accordance with the "Conditions of authority to accept direct debit".

**APPLICANT (S) – ALL APPLICANTS MUST COMPLETE.**

Note: For partnerships/trusts - details of ALL partners/trustees required (as appropriate)

## Applicant 1

Name of Applicant:

Signature:

Date of Birth:

 /  / 

Position/title:

Date:

 /  / 

In the presence of: Full name of witness:

Signature of witness:

Note: **Witness cannot be a BP employee, a director/partner/family member of the Applicant.**

Residential address of witness:

Post code:

Telephone:

Email address:

Name of relative (not living with you, but resident in New Zealand):

Telephone:

Residential address of relative:

Post code:

## Applicant 2

Name of Applicant:

Signature:

Date of Birth:

 /  / 

Position/title:

Date:

 /  / 

In the presence of: Full name of witness:

Signature of witness:

Note: **Witness cannot be a BP employee, a director/partner/family member of the Applicant.**

Residential address of witness:

Post code:

Telephone:

Email address:

Name of relative (not living with you, but resident in New Zealand):

Telephone:

Residential address of relative:

Post code:

## PERSONAL GUARANTEE

Must be completed by limited companies, limited partnerships & trading trusts (NOT required for sole traders, partnerships & family trusts).

**Business/Company Name (Applicant):**

**Trading As (if applicable):**

**Type of Business (e.g. company/partnership):**

**Note: If Applicant is a limited company, this guarantee must be completed by a company director. If Applicant is a limited partnership, this guarantee must be completed by all general partners and all limited partners.**

### Guarantee

**Full Name of Guarantor:**

I,

unconditionally and irrevocably guarantee the due performance and observance of the obligations of the applicant specified above (**Applicant**) to BP Oil New Zealand Limited (**BP**) in relation to the supply of goods and services to the Applicant, including the payment of all sums which are or may become owing to BP by the Applicant under or in connection with BP's "Standard Terms and Conditions – Supply of Products and Air BP Card" (**Terms**). I acknowledge and agree that:

- this is a continuing guarantee;
- my obligation to BP is as a principal debtor;
- my liability under the guarantee shall not be affected or discharged by any amendment to the Terms, the granting of time or credit (on any present or future account) to the Applicant, or by release, abandonment, waiver of any rights against the Applicant, or the liquidation, receivership, administration, bankruptcy, dissolution, compromise or scheme of arrangement, in respect of the Applicant or any other guarantor, or any other matter or thing which, but for this provision, might operate to impair or discharge the liability of the Guarantor or any other guarantor;
- if the guarantee is not enforceable for any reason, I indemnify BP against any cost, loss or liability which it incurs as a result of not receiving an amount under this guarantee which it otherwise would have been entitled to receive;
- the guarantee shall continue in force even if the Applicant's account is in credit;
- if there are two or more guarantors my liability shall be joint and several; and
- BP shall not be obliged to give me notice of any matter or event relating to the Applicant, the supply of goods and services, or this guarantee.

I agree to pay all outstanding sums due to BP by the Applicant within seven days of any notice of default by the Applicant, including interest on all outstanding sums at a default rate specified in the Terms and BP's full costs of enforcement (including, but not limited to, costs on a solicitor and own client basis).

### Collection of personal information

I authorise BP to collect, store, use and disclose any personal information (as defined in the Privacy Act 1993) relating to me for the purposes of this guarantee and directly related purposes, including for the purpose of assessing my creditworthiness from time to time. I agree that this may include BP sharing personal information about me with credit reporting and debt collection agencies (including guarantor credit default information, if applicable) who may collect and retain such personal information and use it to provide their credit reporting and debt collection services.

I have a right to access and request correction of personal information about me held by BP by contacting BP at [ganzcustomerenquiries@bp.com](mailto:ganzcustomerenquiries@bp.com) or BP Oil New Zealand Limited, PO Box 99873, Newmarket, Auckland 1149 (Attention: Privacy Officer).

### Acknowledgment of independent advice

I acknowledge that BP has advised me to seek independent legal advice in respect of my obligations under this guarantee and I have done so or waived my right to do so prior to signing this guarantee.

**PERSONAL GUARANTEE – CONTINUED**

**General terms**

The Guarantor undertakes that all information that it has provided to BP under or in connection with this guarantee is accurate, up to date and not misleading. This Deed Poll shall be governed by the laws of New Zealand and the parties agree that the courts of Auckland, New Zealand shall have the exclusive jurisdiction to hear and determine all disputes under or in connection with this Deed Poll.

I consent to notices and other communications from BP being given to me in electronic form and by means of an electronic communication.

Executed and delivered as a Deed Poll:

**Note:** Witness must NOT be a BP employee, director, business partner or family member (including partner) of the Guarantor

**Date:**   /   /   **Place (Town/City):**

**Signature of Guarantor:**

**Signature of Witness:**

**Full name of Guarantor:**

**Full name of Witness:**

**Residential address of Guarantor:**

**Residential address of Witness:**

**Post code:**

**Post code:**

**Email address of Guarantor:**

**Occupation of Witness:**

**Date of birth of Guarantor:**  
  /   /

Please tick to confirm witness above is NOT a BP employee, director, business partner or family member (including partner) of the guarantor.

**NZ Driver licence (5a)**  **Version Number (5b)**

**Note:** Please make sure that BOTH the NZ Drivers Licence Number (5a) and Drivers Licence Version Number (5b) are provided.

**DIRECT DEBIT AUTHORITY – ALL APPLICANTS MUST COMPLETE THIS SECTION**

FULL LEGAL NAME:

NAME OF ACCOUNT :

Note: **Name of the funding bank account must be the same name as the Application, Full Legal Name (refer Page 1).**

BANK ACCOUNT FROM WHICH PAYMENTS ARE TO BE MADE:

| Bank                 | Branch               | Account number       | Suffix               |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

TO: THE BANK MANAGER

Bank:

Branch:

Town/City:

**Authority to accept direct debits**

(Not to operate as an assignment or agreement)

3 1 3 4 7 0 2

Initiators Authorisation code

I/We authorise you until further notice to debit my/our account with you all amounts which **Air BP LIMITED (registered in England and Wales, registered number 1150609)** 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 below.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer particulars:

Payer code:

Payer reference:

YOUR SIGNATURE(S)

Note: **Must be signed by all applicants. For limited partnerships ALL partners to duly sign.**

Signature(s)

Date  /  /

Signature(s)

Date  /  /

Signature(s)

Date  /  /

BANK USE ONLY

APPROVED  
3470  
Original - Retain at Branch  
06 | 2011

Date Received:  /  /

Recorded by:

Checked by:

Bank Stamp

SEE OVER PAGE TO READ, CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

## CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

### **1. The Initiator (BP Oil New Zealand Limited):**

- a) Will send written details of the authority to the acceptor at the address provided no later than 5 business days after the date that the acceptor gave the authority.
- b) Is required to give you written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit. This advance notice must be provided either:
  - (i) in writing;
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator to communicate electronically; or
  - (iii) by SMS where the Customer has provided prior written consent to communicate electronically (including by electronic means or SMS).

### **2. The Customer/Applicant may ask the bank to reverse a direct debit up to 120 calendar days after the debit if they:**

- a) Don't receive a written notice of the amount and date of each direct debit from the initiator; or
- b) Receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

### **3. The Customer/Applicant acknowledges that:**

- a) If the bank dishonours a direct debit but the Initiator sends the direct debit again within 5 business days of the dishonour, the Initiator is not required to give them a second notice of the amount and date of the direct debit.
- b) At any time, the Customer may terminate this Authority as to future payments by giving written notice of termination to the bank and to the Initiator.
- c) 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.

CARD DETAILS



| Aircraft Registration | Aircraft Type | Fuel Grade Confirmation |
|-----------------------|---------------|-------------------------|
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |



| Aircraft Registration | Aircraft Type | Fuel Grade Confirmation |
|-----------------------|---------------|-------------------------|
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |
|                       |               |                         |

It is your responsibility to ensure that you order the correct grade of fuel for each Card i.e. either Avgas or Jet fuel depending on the particular Aircraft

Bulk Fuel Deliveries required?  Yes  No

**IF YOU HAVE ANSWERED NO, MOVE TO SECTION (pg.7) 'Estimate of Fuel Usage'. IF YOU ANSWERED YES, PLEASE COMPLETE THE BELOW.**

BULK FUEL DELIVERIES

Product Bulk Delivery Site Details

Must be completed in full if delivery is required.

Delivery Address: (can't be a PO Box)  Post code:

Contact: (on Site)  Telephone:  Mobile:

Special Instructions: (include delivery hours if applicable)

Products to be delivered to this delivery address (tick)  Avgas  Jet A1

Delivery information required for this site:

Bulk Tank A: Size

Product (Avgas or Jet A1):

Bulk Tank B: Size

Product (Avgas or Jet A1):



**ESTIMATE OF FUEL USAGE – ALL APPLICANTS MUST COMPLETE THIS SECTION**

**THIS SECTION MUST BE COMPLETED**

|               |                      |                |                      |
|---------------|----------------------|----------------|----------------------|
| <b>Avgas:</b> | <b>Litres:</b>       | <b>Jet A1:</b> | <b>Litres:</b>       |
|               | <input type="text"/> |                | <input type="text"/> |
|               | <b>Per Annum</b>     |                | <b>Per Annum</b>     |

Would you like to be informed of price changes via e-mail?

**TO ENSURE YOUR APPLICATION CAN BE PROCESSED IMMEDIATELY**

**HAVE YOU:**

- COMPLETED ALL REQUIRED FIELDS IN THE APPLICATION
- PRINTED OUT AND HAND SIGNED WHERE REQUIRED
- INCLUDED A COPY OF A DOCUMENT VERIFYING CORRECT POSTAL ADDRESS OF ENTITY? (E.g. Bank statement, utility account)
- INCLUDED A COPY OF YOUR DRIVER'S LICENCE OR PASSPORT?
- INCLUDED FINANCIAL RECORDS FOR THE LAST 2 YEARS (IF THE REQUIRED ANNUAL CREDIT LIMIT IS > = \$300K)
- ENSURED ANY WITNESSES ARE NOT BP EMPLOYEES, A DIRECTOR/PARTNER/FAMILY MEMBER OF THE APPLICANT
- IF YOU ARE A TRUST, INCLUDE A COPY OF THE TRUST DEED & A LETTER CONFIRMING AUTHORISATION OF THE APPLICANT TO BIND ALL TRUSTEES & THE TRUST IN ACCORDANCE WITH THE CREDIT APPLICATION

**OFFICE USE ONLY**

**Business/Account Manager assigned:**

**To be completed by Credit Services:** Approved  Rejected  Approved with special conditions

**Signed:**       **Name:**       **Date:**  /  /

**Special conditions:**

  

**Reasons:**

  
  

|                                 |                            |                      |                              |                      |
|---------------------------------|----------------------------|----------------------|------------------------------|----------------------|
| <b>Global reference number:</b> | <b>Credit risk rating:</b> | <b>Company no:</b>   | <b>Monthly credit limit:</b> | <b>ACL:</b>          |
| <input type="text"/>            | <input type="text"/>       | <input type="text"/> | <input type="text"/>         | <input type="text"/> |

**FOR REJECTED APPLICATIONS:**

Rejected after arbitration  Approved after arbitration

**Reasons:**

  
  

**Signed:**       **Name:**       **Date:**  /  /

|                                 |                            |                      |                              |                      |
|---------------------------------|----------------------------|----------------------|------------------------------|----------------------|
| <b>Global reference number:</b> | <b>Credit risk rating:</b> | <b>Company no:</b>   | <b>Monthly credit limit:</b> | <b>ACL:</b>          |
| <input type="text"/>            | <input type="text"/>       | <input type="text"/> | <input type="text"/>         | <input type="text"/> |