

Wanaka TOP 10 Holiday Park Commercial Credit Application



Wanaka Top 10 Holiday Park
263 Studholme Road North
PO Box 11
Wanaka 9305

Reservations email: reservations@wanakatop10.co.nz
Accounts email: accounts@wanakatop10.co.nz
Phone: 03 443 7766
wanakatop10.co.nz

Trading name of company: _____

Account contact: _____ **Email:** _____

Reservation contact: _____ **Email:** _____

Phone number/s: _____

Postal/street address: _____

Preferred Account Type:

Pre-payment (credit card stored securely against booking. One night deposit at time of booking, balance on check in).

Invoice (invoice sent day of check in, payment to be made by the 20th of the month following the invoice date).

If you have selected Invoice, please supply two trade references below. If these are not supplied, your account will be set up on pre-payment terms.

Trade reference 1

Company: _____

Phone: _____ Email: _____

Trade reference 2

Company: _____

Phone: _____ Email: _____

I certify that to the best of my knowledge the above information is true and correct. By signing this form I also agree to the **terms and conditions** which are outlined in full on our website. In brief:

- Standard cancellation conditions apply to all bookings.
- We strive to be as flexible as we can to accommodate last minute changes, however we do ask that we have at least 48 hours to assess a booking change.
- If we can resell your room, you will be refunded. If we can't you may be liable for the charge of that room.
- Reservations are a contract between Wanaka TOP 10 Holiday Park and the company named on the reservation and is not transferable to any other person.
- Only Visa & Master Card credit cards are accepted. Direct payment can be made to our bank account on request.
- A penalty of 10% will be added to each invoice if not paid on or before the 20th of the month following invoice.
- All costs incurred in the collection of overdue accounts will be payable by the debtor.

Signed: _____

Name: _____ Date: _____

Office use only

References checked Application approved by: _____ Date input: _____