

APPLICATION FOR CREDIT FACILITY

Registered name of "The Applicant":.....

Trading name/Style of "The Applicant":.....

Registered Date of Co/CC:.....Company Registration number:.....

Year Business commenced:.....VAT Registration number:.....

Type of Entity (indicate in appropriate box)

Private Company	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>
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Physical Address:

..... Code:

Postal Address:

..... Code:

Telephone number: Fax number:

Indicate Credit Limit Required:

Indicate Credit Terms Required:

7 Days (from invoice) <input type="checkbox"/>	15 Days (from invoice) <input type="checkbox"/>	30 Days (from invoice) <input type="checkbox"/>
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Banking Details:

Bank:.....Branch:.....Branch Code:.....

Account Number:.....Date account opened:.....

Members/Directors/Partners full names and physical addresses

1. Managing		Identity Number
2. Financial		Identity Number
3. Other		Identity Number

Please state if applicant or any Directors/Members/Partners have been declared insolvent or have affected a scheme of compromise with any Creditor

YES NO

If yes, give details of Trustees/Liquidator:.....

Name of Parent Company:.....

Any additional information which may be of assistance:.....

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Details of person responsible for paying this account:

Mr / Mrs / Miss:.....

Designation:.....Telephone number:.....

Email:.....Cell phone:.....

Name of Financial Manager:.....

Name of Accountant:.....

Procurement/Logistic Contacts Head of Division

Mr / Mrs / Miss:.....

Designation:.....Telephone number:.....

Email:.....Cell phone:.....

After Hours Operations Contacts

Mr / Mrs / Miss:.....

Designation:.....Telephone number:.....

Email:.....Cell phone:.....

Do you have branches in other centres? If yes, please indicate which centres:

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TRADE REFERENCES

Name of Supplier/Address	Average monthly purchases	Terms	Account No	Telephone
1				
2				
3				

Applicant's Full Name:

Designation:.....

Signature:.....