

**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: .....

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..... 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:.....