

CREDIT APPLICATION FORM

Registered Name: _____

Trading Name: _____

Company Registration No.: _____ VAT Registration No.: _____

Postal Address: _____

Code: _____

Physical Address: _____

(where goods will be kept)

Code: _____

Telephone No.: _____ Fax No.: _____

Buyer's Name: _____ Email Address: _____

Accounts Contact: _____ Email Address: _____

Nature of Business: _____

Auditors: _____ Tel. No.: _____

Name of Landlord: _____

Landlord Address: _____

Names & Identity No's of Directors/Partners

Addresses of Directors/Partners

Company Bankers:

Branch Name:

Account No.:

Branch Code:

Monthly credit amount required:

Strictly 30 days nett

Trade References:

Company Name	Telephone No.	Account No.

Please note: This credit application may be emailed to speed up the process of opening a temporary account. An official account will only be opened upon receipt of the original.

JOHANNESBURG

Cnr. Bossman Road & Cross Street, Ophirton
Johannesburg, South Africa, 2091
Tel: 011 493 6332 Fax: 011 499 1019

DURBAN

Unit 1, Ebony Place, 12 Ebonyfield Avenue,
Springfield Park, Durban, South Africa, 4051
Tel: 031 001 5080

CAPE TOWN

Unit 2, 87 Kyalami Drive, Killarney Gardens,
Cape Town, South Africa, 7442
Tel: 021 556 2759 Fax: 021 556 663