|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR CREDIT FACILITIES** | | | | | | | |
| Name of Company | |  |  |  |  |  |  |
| Trading Name | |  |  |  |  |  |  |
| Nature of Business | |  |  |  |  |  |  |
| Postal Address | |  |  | Physical Address | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |  |  |  |  |
| Phone |  |  |  | Fax |  |  |  |
| Co Reg |  |  |  | Vat no |  |  |  |
| E-mail |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Type of Business | | (PTY) Ltd | Public | Sole | Partnership | Branch | CC |
|  |  |  | Company | Prop |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Full Name & Address of Owner | | | | Identification Number | | |  |
| Partners/Directors | |  |  |  |  |  |  |
| 1 | | | |  | | | |
| 2 | | | |  | | | |
| 3 | | | |  | | | |
|  | | | |  | | | |
|  |  |  |  |  |  |  |  |
| **TRADE REFERENCES** | | | | | | | |
| Name |  |  | Address |  |  | Phone |  |
| 1 | | |  | | |  | |
| 2 | | |  | | |  | |
| 3 | | |  | | |  | |
| 4 | | |  | | |  | |
|  |  |  |  |  |  |  |  |
| **BANK DETAILS** | | | | | | | |
| Bankers |  | | | Account no | |  |  |
| Branch |  |  |  | Branch Code | |  |  |
| Credit Limit Required | | |  |  |  |  |  |
| Contact Person for Account | | |  |  |  |  |  |
| Applicant's Auditors | | |  |  |  | Phone |  |
|  |  |  |  |  |  |  |  |
| **UNDERTAKING/DECLARATION** | | | | | | | |
| I, the undersigned, who have full authorisation to act on behalf of the applicant | | | | | | | |
|  |  |  |  |  |  |  |  |
| 1. herewith apply for credit facilities at Carmien Tea (Pty) Ltd (the Supplier) | | | | | | | |
| 2. undertake to pay interest at the maximum permitted rate in terms of the Usary | | | | | | | |
| Act as fixed from time to time, on money arrears and outstanding | | | | | | |  |
| 3. accept responsibility to pay all legal expenses should this account be submitted | | | | | | | |
| to attorneys for collection | | |  |  |  |  |  |
| 5. agree to the jurisdiction of the Citrusdal magistrates court should legal steps | | | | | | | |
| be taken |  |  |  |  |  |  |  |
| 6. certify that the above information is correct. | | | | |  |  |  |
|  |  |  |  |  |  |  |  |
| SIGNATURE | |  | | | | | |
| PRINT NAME | |  | | | | | |
| CAPACITY | |  | | | | | |
| DATE |  |  | | | | | |
|  |  |  |  |  |  |  |  |