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| --- |
| **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 |  |   |
|  |  |  |  |  |  |  |  |