## **CONFIDNTIAL CREDIT APPLICATION**

## PLEASE PRINT CLEARLY IN BLOCK LETTERS

## **APPLICATION BY**

herein referred to as "The Customer"
to enter into an agreement of trade with
herein referred to as "The Supplier"

I/We hereby wish to make application for credit facilities in support of the application following particulars are supplied:

1. DETAILS OF CUSTOMER						
FULL REGISTERED NAME OF BUSINESS:						
TRADING NAME (IF NOT AS ABOVE):						
HOLDING COMPANY (IF APPLICABLE):						
COMPANY REGISTERATION NUMBER:						
VAT REGISTRATION NUMBER (PLEASE ATTACH COPY):						
PREVIOUS TRADING/ REGISTERED NAMES:						
TYPE OF BUSINESS: DATE OF COMMENCEMENT OF BUSINES:						
REGISTERED COMPANY ADDRESS:						
CITY:CODE:						
POSTAL ADDRESS:CODE:						
DELIVERY ADDRESS (IF NOT THE SAME AS REGISTERED ADDRESS)						
TELEPHONE NUMBER: FAX NUMBER: E – MAIL:						
NAME OF PERSON RESPONSIBLE FOR PLACING ORDERS:						
POSITION:TELEPHONE NUMBER:						
PERSON RESPONSIBLE FOR PAYING ACCOUNTS:						
POSITION:TELEPHONE NUMBER:						
ARE CLISTOMER'D ORDER NUMBERS REQUIRED:						

2. GENERAL INFORMATION						
ARE THE BUSINESS PREMISES OWNED BY THE CUSTOMER?(MARK WITH A X):RENTED?LEASED?						
IF RENTED OR RELEASED, PLEASE FURNISH THE FOLLOWING STAILS OF THE LANDLORD:						
NAME:						
POSTAL ADDRESS:						
TOWN / CITY:POSTAL CODE:						
TELEPHONE NUMBER:FAX NUMBER:						
3. CREDIT AND BANKING INFORMATION						
ACCOUNTS ARE PAID BY (MARK WITH A X):  CHEQUEELECTRONIC FUND TRASFEROR OTHER MEANS  MAXIMUM CREDIT REQUIRED: PER MONTH RCREDIT LIMIT:						
NAME THAT APPEARS ON YOUR BANK ACCOUNT:						
BANK NAME: ACCOUNT NUMBER:						
BANK CODE: EFT CODE:						
HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS HAD ANY JUDGEMENT AGAINST THEM?						
HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS BEEN LIQUIDATED OR SEQUESTRATED?						
HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS?						
PLEASE LIST ALL FACTORING, SECURITIES, SURETIES, CESSION OF DEBTORS, MORATORIUMS, NOTARIAL BONDS AND PERSONAL GUARENTEES SEPERATELY.						
PLEASE LIST SECURITIES OFFERED TO SUPPORT THIS CREDIT APPLICATION:						
4. AUDITOR, ACCOUNTING OFFICER OR ACCOUNTANT DETAILS						
NAME: TELEPHONE NUMBER: FAX NUMBER:						
ADDRESS:						
ARE AUDITED STATEMENTS AVAILABLE? (MARK WITH A X) YES NO						

5. TRADE REFERENCES						
(TO BE SUPPLIERS OF GOODS AND OF SIX MONTHS)	O SERVICE EX	CALUDING CONTRAC	TS, RENTALS, LEASES ETC. FOR A MINII	MUM		
1. COMPANY NAME:			TELEPHONE NUMBER:			
AVERAGE MONTHLY PURCHASES: R		TERMS	CREDIT LIMIT			
2. COMPANY NAME:			_ TELEPHONE NUMBER:			
AVERAGE MONTHLY PURCHASES: R		TERMS	CREDIT LIMIT			
3. COMPANY NAME:			_ TELEPHONE NUMBER:			
AVERAGE MONTHLY PURCHASES	R	TERMS	CREDIT LIMIT			
6. FULL DETAILS OF DIR	ECTORS / M	EMBERS / SHAREHOLI	DERS / PROPRIETORS / TRUSTFEES			
1. FULL NAME		ID NUMBER:				
RESIDENTIAL ADDRESS:						
	CODE:	%SHA	REHOLDING / INTEREST:			
2. FULL NAME		ID NUMBER:				
RESIDENTIAL ADDRESS:						
	CODE:	%SHA	%SHAREHOLDING / INTEREST:			
3. FULL NAME		ID	ID NUMBER:			
RESIDENTIAL ADDRESS:						
	CODE:	%SHA	REHOLDING / INTEREST:			
			ID NUMBER:			
RESIDENTIAL ADDRESS:						
	CODE:	%SHA	REHOLDING / INTEREST:			
5. FULL NAME		ID NUMBER:				
DECIDENTIAL ADDRESS:						

\_\_\_\_\_CODE:\_\_\_\_\_%SHAREHOLDING / INTEREST:\_\_\_\_\_