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APPLICATION FOR CREDIT WITH VEHICLE DELIVERY SERVICES

NAME OF COMPANY / APPLICANT: _____

Street Address: _____

Postal Address: _____ Postal Code: _____

Telephone Number: _____ Fax: _____

Nature of Business: _____

Registration Number: _____ VAT Number: _____

Accounts Contact Detail: _____

E-mail Address of Creditors Clerk: _____

Credit Limit Request _____

DETAILS OF DIRECTORS / PARTNERS / SOLE PROPRIETORS

Full Names : a) _____ b) _____ c) _____

Address: _____

ID Numbers : _____

Telephone: _____

Bankers: _____ Branch: _____ Acc No: _____

TRADE REFERENCES

Name Tel no. Type of account / Terms Monthly / Purchase

1. _____ (____) _____ R _____

2. _____ (____) _____ R _____

3. _____ (____) _____ R _____

All business is conducted in accordance with our Standard Trading Terms and Conditions below, please initial each page and sign in full on the last page

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Registration No: 1999/025958/07 | VAT Reg No.: 4470188352 | Company Secretary: CIS Company Secretaries (Pty) Ltd