

Tel: 011-822 5179

## **CREDIT APPLICATION FORM**

Full Registered Name of Applicant:	
Trading Name if different from above:	
Street Address:	
	Code:
Postal Address:	
	Code:
Telephone Number:	Fax Number:
Email Address:	
Is the Annual turnover of the Customer in ea	xcess of R 2 000 000.00? YES NO
Business Type:	
Sole Proprietor Partnership	Trust Ltd (Ptv) Ltd Close Corporation
Other:	_ (Please specify)
Registration Number (If Applicable):	
Vat Registration Number (If Applicable):	
Address of Registered Office:	
	Code:
Name and Address of Auditors:	
	Code:

DETAILS OF	PROPRIETOR/ PARTI	NERS/ DIRECTORS/ MEMBERS	/ TRUSTEES
FULL NAME	ADDRESS	ID NUMBER / NAME OF COMPANY	TELEPHONE NUMBER
	CREDI	T REFERENCES	
FULL NAME	ADDRESS	ID NUMBER / NAME OF COMPANY	TELEPHONE NUMBER
Name of Banker:		Branch:	
Account Name:		Account Number:	
Maximum credit limi	t required: R		
undertake to notify information. I/We an read and understood conditions shall be	Parcel It Couriers Induly authorised to side the terms and condine to binding upon me	ned herein is true and correct CC in writing immediately of ign this application. If We acknowledge itions attached hereto and agreefus/company/close Corporati s and Parcel It Couriers CC.	of any change in this owledge that I/We have see that such terms and
and other suppliers facilities. I/ We ag	for information requ ree that Parcel It Co orthiness and conduc	the services and records of a relired in the original and future ouriers CC may disclose infoct of the account to any registe	e assessment of credit rmation regarding the
Signed at:		on this theday of	201
Name:		Signature:	

Business Information							
Nature of busines	ss:						
Date business commenced: Years under present ownership:							
In the case of a	Trust/ Close Co	rporation/ Sole Pro	oprietor:				
Are Business Premises: OWNED LEASED							
DETAILS OF FI		Y IN THE CASE OF	A TRUST / SOLE P	ROPRIETOR	/ CLOSE		
IN WHOSE NAM PROPERTY RE	ИЕ IS THE	YEAR PURCHASED	CURRENT MARKET VALUE	BOND HOLDER	BOND VALUE		
Details of leased	I property in the	case of a Trust/ S	Sole Proprietor/ Clos	se Corporation	ո։		
Name and Physical Address of Landlord:							
2. Monthly F	Rental R	P	eriod of Lease:				
PLEASE TICK C	ORRECT ANSW	ER:					
Have your offices signed any guarantees in favour of any other creditors? Yes No							
Are your latest financial statements available for inspection?  Yes  No							
Have your book debts been ceded?  Yes  No					lo		

## Documents to be supplied

- 1. A copy of your up to date financial statements.
- 2. Three months bank statements.
- Should any of the information provided herein not be correct in any respect and result
  in legal action being instituted against the Customer for any reason relating to this
  application and/or the Customer's subsequent failure to comply with the terms of credit
  of the Company, the Customer shall be liable for legal fees on the scale as between
  attorney and client.
- The Company reserves the right to decline this application for any reason the Company in their sole discretion may deem fit, and the only obligation on the Company towards the Customer will be to provide the Customer with written reasons as to why the application was declined.

Thus done and signed at	on this	day of	201
For and on behalf of the Customer		Witnes	
Who warrants their authority to do so		willes	5