



## CREDIT APPLICATION FORM

### TRADING INFORMATION

COMPANY NAME: (TRADING NAME) \_\_\_\_\_

REGISTERED NAME OF BUSINESS: \_\_\_\_\_

PREVIOUS TRADING / REGISTERED NAME: \_\_\_\_\_

INCORPORATED FORM OF BUSINESS: \_\_\_\_\_  
(CC, PTY LTD, TRUST, PARTNERSHIP, SOLE PROPRIETOR)

REGISTRATION NUMBER: \_\_\_\_\_

\*ATTACH COPY OF CERTIFICATE/REGISTRATION DOCUMENTS

VAT REGISTRATION NUMBER: \_\_\_\_\_

\*ATTACH COPY OF VAT CERTIFICATE

DATE BUSINESS WAS ESTABLISHED: \_\_\_\_\_

REGISTERED NAME OF HOLDING COMPANY: \_\_\_\_\_

SUSIDAIRES & ASSOCIATE COMPANIES: \_\_\_\_\_

BUSINESS ACTIVITIES: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

ARE DELIVERIES TO BE MADE HERE? \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

ARE INVOICES/STATEMENTS TO BE SENT HERE? \_\_\_\_\_

REGISTERED ADDRESS: \_\_\_\_\_

ACCOUNTS DEPT: NAME & SURNAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NO: \_\_\_\_\_

WILL OFFICIAL ORDER NUMBERS BE USED? \_\_\_\_\_ PURCHASE LIMIT: R \_\_\_\_\_

PREMISES: OWNED YES ☐ NO ☐

LEASED YES ☐ NO ☐

### **BANKERS AUDITORS INFORMATION**

AUDITORS/FINANCIAL OFFECERS NAME: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

NAME OF BANKERS: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_ BRANCH NO: \_\_\_\_\_

\*PLEASE ATTACH A COPY OF A CANCELLED CHEQUE

### **DIRECTORS / MEMBERS / OWNERS**

1. FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

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

DESIGNATION: \_\_\_\_\_

YEARS IN INDUSTRY: \_\_\_\_\_

YEARS IN CURRENT ORGANISATION: \_\_\_\_\_

2. FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

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

DESIGNATION: \_\_\_\_\_

YEARS IN INDUSTRY: \_\_\_\_\_

YEARS IN CURRENT ORGANISATION: \_\_\_\_\_

3. FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

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

DESIGNATION: \_\_\_\_\_

YEARS IN INDUSTRY: \_\_\_\_\_

YEARS IN CURRENT ORGANISATION: \_\_\_\_\_

4. FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

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

DESIGNATION: \_\_\_\_\_

YEARS IN INDUSTRY: \_\_\_\_\_

YEARS IN CURRENT ORGANISATION: \_\_\_\_\_

### **TRADE REFERENCES**

1. COMPANY: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ TERMS: \_\_\_\_\_

REMARKS (MP EARTHCOOLING & REPAIRS CC): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. COMPANY: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ TERMS: \_\_\_\_\_

REMARKS (MP EARTHCOOLING & REPAIRS CC): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. COMPANY: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ TERMS: \_\_\_\_\_

REMARKS (MP EARTHCOOLING & REPAIRS CC): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **NOTES**

LIST ALL SURETIES, CESSION OF DEBTORS, NOTARIAL BONDS, FACTORING & JUDGEMENTS:

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LIST ALL LIQUIDATIONS, SEQUESTRATIONS AGAINST THE BUSINESS OR ANY OF ITS PRINCIPALS:

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HAVE MORATORIAMS OF OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS:

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WILL THE LAST AUDITED FINANCIAL STATEMENTS BE AVAILABLE? \_\_\_\_\_

WHAT YEAR? \_\_\_\_\_

SURETY OFFERED TO SUBSTANTIATE CREDIT LIMIT: \_\_\_\_\_

### **TERMS**

BANK TRANSFERS: \_\_\_\_\_

30 DAYS INVOICE: \_\_\_\_\_

**TO BE SIGNED BY EACH AND EVERY DIRECTOR / MEMBER / OWNER**

I/WE, THE UNDERSIGNED \_\_\_\_\_

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ACCEPT THE STANDARD CONDITIONS OF SALES AS DETERMINED BY AGREEMENT/INVOICE. THE CUSTOMER ACKNOWLEDGES THAT ANY AMOUNT DUE FOR GOODS OR SERVICES WILL BE DUE UNCONDITIONALLY WITHIN THE CREDIT PERIOD GRANTED FROM THE DATE OF A TAX INVOICE

ISSUED BY THE CREDITOR. ALL SIGNATORIES HEREBY BIND HIMSELF/HERSELF/THEMSELVES JOINTLY AND SEVERALLY LIABLE AS CO-PRINCIPAL DEBTOR FOR ALL EXISTING DEBTS AND ANY FUTURE DEBTS INCURRED WITH THE CREDITOR BY THE BUSINESS NAMED ABOVE. THE CUSTOMER HEREBY DECLARES THAT NO CHEQUES WILL BE ISSUED IN PAYMENT UNLESS THERE ARE SUFFICIENT FUNDS AVAILABLE AND THAT SUCH FUNDS WILL BE HONoured AND THAT UNDER NO CIRCUMSTANCES WILL ANY CHEQUE BE STOPPED.

THE CUSTOMER FURTHER ACKNOWLEDGES IN CASE OF DEFAULT, AND SHOULD IT BE NECESSARY FOR THE CREDITOR TO TAKE LEGAL STEPS OR OTHER STEPS TO RECOVER OUTSTANDING AMOUNTS IN TERMS THEREOF, THE CUSTOMER SHALL PAY ALL LEGAL COSTS ON THE SCALE AS BETWEEN ATTORNEY AND OWN CLIENT, FURTHER THAT THE ATTORNEY OR AGENT OF THE CREDITOR SHALL BE ENTITLED TO RECOVER INTEREST AT A RATE OF 21% (TWENTY ONE PERCENT) AS PER ANNUM ON OUTSTANDING AMOUNTS FROM DATE OF DEFAULT TO DATE OF FULL PAYMENT.

IN ADDITION TO LEGAL COSTS AND INTEREST DECLARED ABOVE, THE CUSTOMER SHALL BE OBLIGED TO PAY COLLECTION COMMISSION TO THE ATTORNEY OR AGENT ACTING ON BEHALF OF THE CREDITOR AT A RATE OF 10% (TEN PERCENT) PER PAYMENT COLLECTED.

I/WE HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY \_\_\_\_\_ OF 20 \_\_\_\_\_ .

1. \_\_\_\_\_ 2. \_\_\_\_\_  
DIRECTOR / MEMBER / OWNER DIRECTOR / MEMBER / OWNER

3. \_\_\_\_\_ 4. \_\_\_\_\_  
DIRECTOR / MEMBER / OWNER DIRECTOR / MEMBER / OWNER

1. \_\_\_\_\_ 2. \_\_\_\_\_  
WITNESS WITNESS

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