

P O Box 14404, Wadeville 1422 3 Colin Wade Street, Delville

VAT number: 4190104283

Credit Ap	plication 2020	
Customer inf		Office Use
Customer Name		
Company registration number - please attach CIPC doc		
VAT number if applicable		
Postal Address		
Physical Address		
Telephone number		
Fax Number		
website address		
Accounts Contact name and number		
Accounts email		
Buyer Contact name and number		
Buyer email		
Director Name and Contact number		
Please attach directors ID		
Credit limit requested		
Trad	le references	
1. Supplier name		
Contact person		
Contact number		
Account terms		
Credit limit		
2. Supplier name		
Contact person		
Contact number		
Account terms		
Cradit limit		

3. Supplier name		
Contact person		
Contact number		
Account terms		
Credit limit		
4. Supplier name		
Contact person		
Contact number		
Account terms		
Credit limit		
Consent a	and Financial Information	
Bank Name		
Branch		
Contact person		
Account number		
Please attach proof of banking details		
Do you consent to credit and reference checks?		
Do you want to receive marketing material?		
Do you accept our terms and conditions?		
Did you submit the following		
CIPC Documents confirming ownership		
VAT certificate		
Proof of banking details		
Proof of address		
Directors ID		
	•	
Disc	claimer	_
I in my position as		
am hereby authorised to complete this application in the name of		
I confirm that the information supplied is true and co	rrect and that we understand and accept all terms and	
conditions related to the granting of the trade accour	·	
3 3		
Date		
Place		
Signature		
0.0		