



# Crest Safety Supplies cc

**CREDIT APPLICATION FORM**

**REGISTERED NAME:**.....

**TRADE NAME**.....

**REGISTRATION NO.:**.....(Please attach Copy Thereof)

**VAT REGISTRATION NO. :**.....(Please attach Copy Thereof)

**TYPE OF BUSINESS:** LIMITED  **PTY**  **CC**   
**PARTNERSHIP**  **SOLE**  **OTHER**

**HOLDING COMPANY:**.....

**ASSOCIATED COMPANY:**.....

**REGISTERED ADDRESS:      POSTAL ADDRESS:      DELIVERY ADDRESS:**  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**TELEPHONE NO:**.....

**CELL NUMBERS:**.....

**EMAIL ADDRESS:**.....



**NAME & ADDRESS & ID No's: OF DIRECTORS, PARTNERS PROPRIETOR OR MEMBERS: (Please Attach ID Documents)**

1/.....  
.....  
.....

2/.....  
.....  
.....

3/.....  
.....  
.....

**DATE BUSINESS ESTABLISHED/REGISTERED:**

**CONTACTS & EMAIL ADDRESS:**

**MANAGING DIRECTOR**.....

**PURCHASING CLERK** .....

**ACCOUNTANT**.....

MARK WITH 'X' IN THE APPROPRIATE BLOCK FOR ANY PERSON NOT HAVING AUTHORITY TO BIND THE COMPANY.

**NATURE OF BUSINESS:**.....

**SERVICES TO COMMENCE:**.....

**BANK DETAILS: (Please attach letter from bank validating details)**

**BANKERS:**.....

**ACCOUNT NO:**.....

**BRANCH:** .....



**TRADE REFERENCE:**

1/.....TELNO:.....

Contact Person & Email:.....

2/.....TEL NO:.....

Contact Person & Email:.....

3/.....TEL NO:.....

Contact Person & Email:.....

AUDITORS:.....

AMOUNT OF CREDIT REQUIRED:.....

**TERMS OF PAYMENT**

- IN ADVANCED
- ON RECEIPT OF INVOICE
- AGAINST STATEMENT
- 30 DAYS AFTER STATEMENT

INTEREST WILL BE CHARGED AT ABSA'S PRIME RATE PLUS 2 (TWO) PER CENT PER ANNUM ON ALL OVERDUE ACCOUNTS.

I/WE FURTHER AGREE THAT IN THE EVENT OF A PROCEEDING ARISING OUT OF ANY TRANSACTION BETWEEN US, WE CONSENT TO THE JURISDICTION OF A MAGISTRATES COURT NOT WITH STANDING THAT THE SUBJECT MATTER OF SUCH DISPUTE MAY OTHERWISE BE BEYOND THE JURISDICTION OF COURT.

I/WE AGREE THAT OWNERSHIP TO ME/US BY THE COMPANY WILL NOT PASS TO ME/US UNTIL PAYMENTS FOR SUCH GOODS HAS BEEN IN FULL BY ME/US OR MY/OUR NOMINEE.

DATE:.....SIGNED:.....

PLACE:.....NAME:.....

DESIGNATION:.....  
(WHO WARRANTS TO BE DULY AUTHORISED THERETO)



**COMPANY PROFILE & STAMP:**

CONFIDENTIAL

