

APPLICATION FOR CREDIT FACILITIES



FIRST IN FINISHING

I/We the undersigned and
 in my/our capacity as authorised representatives of the applicant, hereby apply for
 the extension of credit facilities from The Finishing Post (Pty) Limited (the supplier).

1 Mail Street
 Western Province Park
 Epping 2

Private Bag X19
 Eppindust
 7475

Tel (021) 535 1550
 Fax(021) 535 1844

The following information is submitted as a basis for your consideration of my/our applic

1. Full registered name of business : _____
 (the applicant)
2. Business registration number : _____
3. Date business established : _____
4. Trading name(s) of business : _____
5. Nature of business : _____
6. Type of business : Public Company Private Company
 Close Corporation Sole Proprietor
 Partnership
7. Registered office of business : _____

8. Physical address of business : _____

9. Postal address of business : _____

- Postcode : _____
10. Telephone number : _____
11. Fax number : _____
12. VAT Registration No. : _____

Full names of Director(s), Members, Principle owner(s), Partners:

(in case of Partnership and/or Sole Proprietorship, the identity number or date of birth of Partner/Owner is required)

	Name	Residential Address	ID No. / Date of birth
1			
2			
3			

Print full names : _____

Authorised signatory : _____

Capacity : _____

Signature : _____

Witness:

Print full names : _____

Print full address : _____

Signature : _____

Name of holding Company : _____

Bankers : _____

Branch: _____ Account No. _____

Name of person handling our Creditor's payment/queries _____

Name to which statements/invoices are to be mailed

Trade References:

	Name	Address	Telephone/Fax Numbers
1			
2			
3			

Approximate Annual purchase : _____

I/We hereby certify that the foregoing details are true and correct in each and every respect, and undertake to notify the Supplier in writing of any change of details shown above, including change of ownership, name and address.

I/We warrant that the Directors/Members/Partners/Proprietor have never been insolvent or associated with any business failure.

I/We acknowledge that should credit facilities be granted as a result of this application, that they may be withdrawn by the Supplier at any time without prior notice, and that the decision of whether or not to grant facilities to the Applicant is at the sole discretion of The Supplier.

I/We do hereby accept the Terms and Conditions of contract as set out on the attached document, which conditions I/We acknowledge having read and understood and agree will be applicable to all contracts for the purchase and/or supply of goods and/or service from the Supplier.

I/We authorise the Manager of our bankers as stated in this application for credit facilities to furnish the Credit Manager of the Supplier with such information as he/she may require in regard to the current account of the Applicant with that bank.

Date: _____

Authorised signatory: _____

Capacity : _____

Company stamp