



APPLICATION FOR 30 DAY CREDIT FACILITY

COMPANY DETAILS

TRADING NAME

VAT REGISTRATION

TEL

FAX

CEL

DELIVERY ADDRESS

POSTAL ADDRESS

COMPANY DIRECTOR DETAILS

NAME

TEL

FAX

CEL

ADDRESS

BANK

BRANCH CODE

ACCOUNT NUMBER

BRANCH

TRADE REFERENCES (TWO REQUIRED)

NAME

TEL

ADDRESS

NAME

TEL

ADDRESS

INTENDED PURCHASE VALUE PER MONTH:

R

SIGNATURE

DATE