

Co Reg. no. CK93/13652/23

107 2nd Avenue Newton Park Port Elizabeth

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CREDIT APPLICATION FORM

Name of Company	/:		
Name and address	es of partners/directory/memb	oers :	
		···—··—··	
	of bank :		
Bank account no.:			
VAT reg. no. :			
Account contact p	erson :		
Auditors name and	telephone no.:		
Credit references:			
[1]:		Phone no:	
[3]:		Phone no:	
		Phone no:	
Estimated monthly	credit required :	__	
Name:	Signature:		Date:

PLEASE NOTE ALL ACCOUNTS 30 DAYS ON STATEMENT