

Application for Credit Facilities

Business Particulars

Name of Applicant _____

Registration no _____

VAT registration no _____

Trading Name _____

Postal Address _____

_____ code _____

Delivery Address _____

Nature of Business _____

Number of years at present address _____

Previous business address _____

Date Business commenced _____

Name and address of landlord _____

Is this a branch of any associated company? _____

Details of above _____

Trade references

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1)		
2)		
3)		

Preferred Terms

Presentation on Statement	<input type="checkbox"/>
30 Days from Statement Date	<input type="checkbox"/>
Cash on Delivery	<input type="checkbox"/>

Anticipated monthly purchases _____

Bank Details

Name of Bank _____
Branch Name _____
Name of Account _____
Account Number _____

General Information

Buyer Name _____ Tel no _____
Account Officer Name _____ Tel no _____
Chefs Office contact _____ Tel no _____

I/We the undersigned acknowledge that all information is true and correct.

Signed at _____ on this _____ day of _____ 2005.

Name if Authorised signatory _____
Capacity Director/ Partner/ Owner

Signature _____

Who, by his signature hereto, warrants he is duly authorised to do so.

Please email or fax through to aleida@sumberg.co.za or **0866 893 370**

Thank you