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**APPLICATION FOR CREDIT FACILITIES**

**A. CONFIDENTIAL**

FULL NAME OF APPLICANT					
TRADE NAME/STYLE OF APPLICANT					
PO BOX		TOWN		CODE	
TEL		FAX		VAT REG. NUMBER:	
PHYSICAL DELIVERY ADDRESS					
SUBURB		TOWN		Co/Cc. NUMBER	
PERSON RESPONSIBLE FOR ACCOUNT			ACCOUNTS E-MAIL ADDRESS		
DO YOU OWN OR RENT PREMISES?			IF RENTAL, NAME OF LANDLORD:		
PERSON RESPONSIBLE FOR BUYING			BUYER E-MAIL ADDRESS		
REGISTERED OFFICE OF Co.cc				ID NO	
SOLE OWNER	PARTNERSHIP	(PTY)LTD	CC	OTHER	
YEAR COMMENCED BUSINESS					
NAME AND ADDRESS OF AUDITORS					
BANKERS			BRANCH		
ACCOUNT NO			DATE A/C OPENED		
<b>TRADE REFERENCES</b>				<b>FOR OFFICE USE</b>	
1)		TEL			
2)		TEL			
3)		TEL			
4)		TEL			
<b>FULL NAME, ADDRESS, TELEPHONE &amp; I.D. NO OF PROPRIETOR/DIRECTOR/MEMBERS/PARTNERS</b>					
1)					
2)					
3)					
4)					
<b>CREDIT LIMIT REQUESTED:</b> R					
N.B. TERMS ARE STRICTLY		7 DAYS	14 DAYS	FROM INVOICE DATE	
ANY ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE					
SIGNITURE		SIGNITURE		SIGNITURE	

Please e-mail a completed and signed copy to: [info@supermarketfarm.co.za](mailto:info@supermarketfarm.co.za)