

## APPLICATION FOR CREDIT FACILITIES

### **COMPANY CONTACT INFORMATION**

Trading Name: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Please mark with the relevant legal entity under which you will operate the account:

Registered Company	Sole Proprietor	Close Corporation	Partnership	Other
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If Other, please specify: \_\_\_\_\_

Type of Bussiness: \_\_\_\_\_ Date Established: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **COMPANY PREMISES INFORMATION**

Are the premises:  Rented  Leased  Owned Duration at current premises: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_ Code: \_\_\_\_\_

### **COMPANY ACCOUNTS INFORMATION**

Account Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel No: \_\_\_\_\_ Amount of Credit Required: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch &amp; Code: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Auditor/Financial Officer: \_\_\_\_\_ Tel No: \_\_\_\_\_

List all sureties, cession of debtors, notarial bonds, and judgments: \_\_\_\_\_

List liquidations against the business or any of its principals: \_\_\_\_\_

Have moratoriums or offers of compromise ever been made to any creditors? \_\_\_\_\_

**DETAILS OF DIRECTORS / MEMBERS / PARTNERS / PROPRIETORS**

**A** Full Names: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Code: \_\_\_\_\_

**B** Full Names: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Code: \_\_\_\_\_

**C** Full Names: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Code: \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

**Ref. 1** Company Name: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**Ref. 2** Company Name: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**Ref. 3** Company Name: \_\_\_\_\_ Tel No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the statement.
2. All information herein contained is true and correct.
3. By submitting this application, you authorize Knight Source to make inquiries into the banking and business/trade references that you have supplied.

The signatory whose signature appears below hereby accepts the Terms and Conditions of Sale contained in this application, on behalf of the above mentioned customer, and on their own behalf as surety for and co-principal debtor with the customer in terms of the said Terms and Conditions of Sale and hereby warrants that they have read and understood the said Terms and Conditions.

**SIGNATURES**

Signature: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Designation of Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness 1 Signature: \_\_\_\_\_ Witness 2 Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Approved Credit Limit: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sales Rep: \_\_\_\_\_