



Mashumbini

CATERING & HOSPITAL EQUIPMENT

(Pty)Ltd Reg No: 2002/008373/07

VAT No. 4560228845

P.O Box: 98962
SLOANE PARK
JOHANNESBURG 2152
TEL: 011 781 7390
FAX: 011 781 7391
E-Mail: admin@mashumbini.co.za

RANDPARK BUILDING
20 DOVER STREET
FERNDAL, RANDBURG
JOHANNESBURG
SOUTH AFRICA
2194

CREDIT APPLICATION (THE APPLICANT)

1. Business / Company / Close Corporation

Registered Name: _____

Trading name: _____

Company / CC Registration No: _____

Business VAT Registration Number _____

When Business Commenced: _____

Period under present Management: _____

Holding / Subsidiary / Associated Companies: _____

2. Type of entity (Mark appropriate box)

| | | | | |
|--------------------|-------------|-----------|----------------------|-------|
| SOLE PROPRIETOR | PARTNERSHIP | (PTY) LTD | CLOSE CORPORATION | OTHER |
|--------------------|-------------|-----------|----------------------|-------|

3. Physical / Delivery Address: _____

4. Postal Address: _____

5. Telephone Number/s (Area Code) () _____

6. Facsimile Number/s (Area Code) () _____

7. Auditor / Accounting Officer / Bookkeepers Tel No. , Name & Address

8. Full name of Owners / Directors / Partners / Members (Delete which is not applicable)

| FULL NAME | IDENTITY NO. | RESIDENTIAL ADDRESS | TEL NO. |
|-----------|--------------|---------------------|---------|
| | | | |
| | | | |
| | | | |

9. Details Trade References

| SUPPLIER NAME | ACCOUNT NO. | ADDRESS | TEL NO. |
|---------------|-------------|---------|---------|
| | | | |
| | | | |
| | | | |

10. Banking details: Bank's Name: _____

Account No. _____

Branch Name & No. _____

11. Property Owned _____

Property Rented by Customer _____

Name, Telephone No of Landlord _____

12. Credit Limit Requested _____ per month

13. Are you re-selling or for own use _____

14. e-mail address _____

SURETY

The signatory/ies, having renounced the benefits of excursion and division, hereby bind himself/themselves jointly and severally as surely and co-principal debtor in solidum with the Applicant unto and in favour of the Company its order assigns, for the due performance by the Applicant or all its obligations to the Company, which have arisen of which may in the future arise to the Company, and warrants that he/they have read and understood the above terms and conditions and agrees to be bound by them.

| DATE | FULL NAMES | SIGNED AT | SIGNATURE |
|------|------------|-----------|-----------|
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |

TYPE OF ACCOUNT REQUIRED: (please tick (x) appropriate box)

C.O.D -ACCOUNT

30 DAY ACCOUNT

I, THE UNDERSIGNED _____ IN MY CAPACITY AS DIRECTOR / MEMBER (delete which is not applicable) HEREBY WARRANT THAT I AM DULY AUTHORISED TO MAKE AND SIGN THIS APPLICATION AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNED AT _____ ON THIS THE _____ DAY OF _____

| FULL NAMES | IDENTITY NO. | SIGNATURE |
|-------------------|---------------------|------------------|
| | | |
| | | |
| | | |

I / We confirm by my / our signature hereto that this document was completed in all respects.

APPLICANT'S BUSINESS STAMP:

FOR OFFICE USE ONLY

| | |
|---------------------|----------------------|
| PASSED BY: | REP: |
| DATE: | TERMS: |
| BANK REPORT: | CREDIT LIMIT: |