



P O Box 2334, SPRINGS, 1560
13 GRACE CRESCENT, SELECTION PARK, SPRINGS

CK 97/14990/23

TEL (011) 363 3040
FAX: (011) 363 3115

APPLICATION FOR CREDIT

APPLICANT'S DETAILS	
REGISTERED NAME	.....
TRADING NAME	.....
TYPE OF BUSINESS	Company Close Corp. Sole Trader Partnership DATE ESTABLISHED
CO / CC REGISTRATION NO	VAT REG NO
PHYSICAL ADDRESS	.....
POSTAL ADDRESS	.....
TELEPHONE NUMBER	FAX NUMBER
MOBILE PHONE NUMBER	E-MAIL ADDRESS
CONTACT PERSON - A/C'S	CREDIT REQUIRED
BANK DETAILS	
NAME OF BANKERS	BRANCH
BRANCH CODE	ACCOUNT NUMBER
DIRECTORS / OWNERS	
1) FULL NAMES	
ID NUMBER	.....
RESIDENTIAL ADDRESS	.....
2) FULL NAMES	
ID NUMBER	.....
RESIDENTIAL ADDRESS	.....
3) FULL NAMES	
ID NUMBER	.....
RESIDENTIAL ADDRESS	.....
AUDITORS	
NAME	.....
TEL NUMBER	CONTACT PERSON
TRADE REFERENCES	
1) NAME	
BRANCH	TELEPHONE NUMBER
2) NAME	
BRANCH	TELEPHONE NUMBER
3) NAME	
BRANCH	TELEPHONE NUMBER
SIGNATURE	
I, the undersigned (Full Names)	
in my capacity as authorized representative of the Debtor, hereby make application for credit facilities with Quicksilver Couriers and:	
- warrant that I am authorized by the Debtor to sign this document	
- warrant that the information contained herein is correct and undertake to give written notice of any changes	
- agree that the terms hereof together with Quicksilver Couriers's standard conditions of sale form the basis of all transactions between the Debtor and Quicksilver Couriers	
- agree that if it becomes necessary for Quicksilver Couriers to hand this account over for collection, the Debtor will be liable for the costs thereof.	
- agree to the jurisdiction of the Magistrate's Court in terms of Section 45 of Act No 32 of 1944, as amended,	
- agree that all payments will be made within thirty days from date of statement and to pay interest at the maximum rate on overdue amounts	
SIGNED	DATE
.....
APPROVAL	
APPROVED	DATE
.....
CREDIT LIMIT	.....