



# Application for Credit Facility

Trading Name of Applicant

Approval of Original Application

Approved by Accounts	Approved by Management
Credit Limit	Date

<b>Account Details</b>	Trading Name						
	Street Address						Post Code
	Postal Address						Post Code
	Delivery Address						Post Code
Telephone number				Fax number(s)			
E-Mail							
Accounts Payable Contact Name							
<b>Business Detail</b>	Registered Name & Address						
							Post Code
	Date Registered						
	Type of Business or Company	Sole Proprietor			Partnership		
		Close Corporation			Private Company		
	Nature of Business						
	Name of Directors, Partners, Owners, Etc.	Name				ID No	
		Residential Address				Home Tel	
		Name				ID No	
		Residential Address				Home Tel	
		Name				ID No	
		Residential Address				Home Tel	
	Declaration	Have sequestration or liquidation proceedings ever been instituted against the business / directors / partners or others as named above, or has the concern ever offered a compromise to creditors?					State YES or No
	If Yes, please give detail						
Premises	Owner		Rented		Landlord		
Issued shared capital							
Auditors				Tel No			
Bank				BC	Office use Only		
Branch			Account No				
State Name in which the account is operated							

**Trade References and Additional information required for the Account**

<b>Trading Period</b>	How long has this business (as per trading name) been trading?		
<b>Credit Limit</b>	What is the Maximum Credit requested for this account? Note: Accounts are payable no later than 30 days from date of statement		
Trade Reference 1	Name		
	Address		
	Phone		<b>For office use only</b>
	How long trading with this supplier?		
	Average monthly purchases		
	Payment terms		
Trade Reference 1	Name		
	Address		
	Phone		<b>For office use only</b>
	How long trading with this supplier?		
	Average monthly purchases		
	Payment terms		
Trade Reference 1	Name		
	Address		
	Phone		<b>For office use only</b>
	How long trading with this supplier?		
	Average monthly purchases		
	Payment terms		
Trade Reference 1	Name		
	Address		
	Phone		<b>For office use only</b>
	How long trading with this supplier?		
	Average monthly purchases		
	Payment terms		

**AGREEMENT**

- 1. Warrant that the information is true and correct.
- 2. Certify that I / we have the authority to act for the business / company
- 3. Agree that I / we will be held responsible for payments of debts incurred.
- 4. Agree that if any amount is not paid within 30(thirty) days from date of invoice Interest may be charged at the rate of 5% (five) percent above prime or the overdue amount from due date to date of payment.
- 5. I / We agree that should it become necessary for Food and Drug Assurance Laboratories (Pty) Ltd to proceed against me / ourselves in a count of law at any time for an overdue amount, however such amounts may arise, the whole amount outstanding on the account will immediately become due and payable.

- 6. I/ We consent in terms of Magistrate’s Court Act No. 32 of 1944, as amended to the jurisdiction of a Magistrate’s Count in respect of all mounts due
- 7. Agree to accept the standard terms and conditions of sale of Food and Drug Assurance Laboratories (Pty) Ltd. Acknowledgement thereof is confirmed by my/our signature below.
- 8. **Agree to adhere to the terms of STRICTLY 30 Days from date of Invoices.**

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**AUTHORISED SIGNATORY** \_\_\_\_\_ **NAME (please print)** \_\_\_\_\_

DESIGNATION \_\_\_\_\_ ID NUMBER \_\_\_\_\_

WITNESSED \_\_\_\_\_

NAME (please print) \_\_\_\_\_

**AUTHORISED SIGNATORY** \_\_\_\_\_ **NAME (please print)** \_\_\_\_\_

DESIGNATION \_\_\_\_\_ ID NUMBER \_\_\_\_\_

WITNESSED \_\_\_\_\_

NAME (please print) \_\_\_\_\_

**Companies and Close Corporations**

**I/ We**, the director(s) (in those cases where the debtor is a Company), and the member(s) (in those cases where the debtor is a Close Corporation), do hereby bind ourselves as surety (ies) and co-principal debtor(s) for the sure fulfillment by the debtor of its obligations to **Food and Drug Assurance Laboratories (Pty) Ltd.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CAPACITY \_\_\_\_\_ ID NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CAPACITY \_\_\_\_\_ ID NUMBER \_\_\_\_\_