

Application for Credit

COMPANY NAME: _____

ADDRESS: _____ **POSTAL ADDRESS:** _____

TELEPHONE: _____ **FAX:** _____

CELL PHONE: _____ **E-MAIL:** _____

CONTACT NAME: _____

DATE OF INCORPORATION: _____

YEARS AT PRESENT LOCATION: _____

PRIVATE COMPANY:

PARTNERSHIP:

CLOSE CORPORATION:

INDIVIDUAL:

OTHER: _____

OFFICERS/MEMBERS/DIRECTORS

NAME	POSITION	HOME ADDRESS	PHONE NUMBER
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANKING DETAILS

BANK: _____

BRANCH: _____

ACCOUNT NUMBER: _____

**TRADE REFERENCES
COMPANY**

TELEPHONE NUMBER

CREDIT LIMIT REQUIRED: _____

In making this application for credit, the customer agrees to pay all invoices within 30 days from the date of statement and to pay a service charge of 1.5% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorneys fees including attorney's fees for appeal, and to give jurisdiction to the magistrate's court irrespective of the value.

SIGNATURE: _____

TITLE: _____

DATE: _____