

APPLICATION FOR CREDIT FACILITIES



HEAD OFFICE & ACCOUNTS DEPARTMENT:

Tel : + 27 21 593 3161

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Service Through Solutions
www.columbit.com

Columbit Industries
A division of
Coloumbit (Pty) Ltd.
Reg.No. (1938/011449/07)

SALES OFFICE:

Tel : + 27 11 613 2011

Fax: +27 11 613 1165

TRADING NAME :				HODLING COMPANY:				
POSTAL ADDRESS:				DELIVERY ADDRESS:				
Postal code:				Certificate No: or Reg No.:				
PHONE NO.:				VAT REG NO:				
FAX NO:								
TYPE OF BUSINESS (Please mark appropriate block with X):			Public Co.	(Pty) Ltd	Sole Prop	Partnership	Branch	CC
PREMISES (Please mark appropriate block with X):			Owned	Rented	Leased	Owned by Associated State name.		
NAME AND ADDRESSES OF PARTNERS, DIRECTORS, OWNERS OR MEMBERS:				I.D. NUMBERS:				
TRADE REFERENCES – <i>Please list major creditors and at least one Creditor in a similar business</i>								
NAME	ADDRESS	PHONE	AMOUNT	TERMS	PAYMENTS	HOW LONG	COMMENTS	NAME
BANK:			BRANCH:			ACCOUNT NO.		
Anticipated Monthly Purchases:						TERMS : 30 DAYS NETT		
Name and title of person responsible for payment of account:						TERMS/CONDITIONS OF SALE ATTACHED		
<i>I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE COMPANY IS</i>								
<i>CONDITIONS OF SALE</i>								
DATE:		NAME & TITLE OF SIGNATORY:			SIGNATURE & RUBBER STAMP:			
Account approved by :			Date:		Limit:			

*** Please attach a copy of cancelled cheque for bank verification purposes.