

Reg No: 2008/020642/07 Vat No: 4820171835	Tel: 021 507 6060 Fax: 021 534 0967	Unit C, 21 Benbow Ave, Epping 1 Private Bag X19, Eppindust 7475
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APPLICATION FOR CREDIT FACILITIES

I/We the undersigned and
in my/our capacity as authorised representative/s of the applicant, hereby apply for the extension of credit facilities from Claymore Paper and Packaging (Pty) Ltd (the supplier)

The following information is submitted as a basis for your consideration of my/our app

1. Full registered name of business : _____
(the applicant)

2. Business registration number : _____

3. Date business established : _____

4. Trading name(s) of business : _____

5. Nature of business : _____

6. Type of business : Public Company Private company Close Corporation
Sole proprietor Partnership

7. Registered office of business : _____

8. Physical address of business : _____

9. Postal address : _____
Postal code : _____

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10. Telephone number : _____

11. Fax number : _____

12. Vat registration number : _____

Full names of Director(s), Member(s), Principle owner(s), Partners:
 (in case of Partnership and/or Sole Proprietorship, the identity number or date of birth of Partner/Owner is required)

Name	Residential address:	ID no. / Date of birth
1.		
2.		
3.		

Name of holding company : _____

Bankers : _____

Branch : _____

Account number : _____

Name of person handling our creditors payment / queries : _____

Name to which statements / invoices are to be addressed: _____

Trade references:

1. Company name : _____

Contact person	Address	Telephone / Fax number

2. Company name : _____

Contact person	Address	Telephone / Fax number

3. Company name : _____

Contact person	Address	Telephone / Fax number

Approximate Annual Purchase : _____

I/We hereby certify that the a foregoing details are true and correct in each and every respect, and undertake to notify the Supplier in writing of any change of details shown above, including change of ownership, name and address.

I/We warrant that the Director(s)/Member(s)/Partners/Proprietor have never been insolvent or associated with any business failure.

I/We acknowledge that should credit facilities be granted as a result of this application, that the supplier may withdraw them at any time without prior notice, and that the decision of whether or not to grant facilities to the Applicant is at the sole discretion of The Supplier.

I/We do hereby accept the Terms and Conditions of contract as set out on the attached document, which conditions I/we acknowledge having read and understood and agree will be applicable to all contracts for the purchase and/or supply of goods and/or services from The Supplier.

I/We authorise the Manager of our bankers as stated in this application for credit facilities to furnish the Credit Manager of The Supplier with such information as s/he may require in regard to the current account of the Applicant with that bank.

Date : _____

Authorised signatory : _____

Capacity : _____

Print full names : _____

Authorised signatory : _____

Capacity : _____

Signature : _____

Witness:

Print full names : _____

Print full address : _____

Signature : _____

Company stamp:

