APPLICATION FOR CREDIT FACILITIES



JOHANNESBURG OFFICE

Unit 26 A & B, Merinda Industrial Park 49 Bisset Road, Hughes, Boksburg, 1459 P O Box 13289, Witfield, 1467

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(e) sales@afrilek.com or grant@afrilek.com

Please return completed original form to:									
P.O. Box 2 Witfield 1467		O. Box 13289		Direct Dialling:		+27 (0) 11 3	+27 (0) 11 372 9340		
				Email Address:		sales@afrile	sales@afrilek.com		
Please complete in fu	ıll:								
Company Name (legal entity):									
Trading Name:									
Postal Address:									
			Postal Code:						
Street Address:									
						Postal Code:			
Domicilium:									
Registered Address						Postal Code:			
Telephone No.:		Code:		Number:					
Fax No.:		Code:		Number:					
Email									
Vat Registration No.:		(Copy to be attached hereto)							
Account Dept. Contact Name:					Tel No. (Dire	ct):			
Company Reg. No. / Identity No (Private Individual)					Registration	Date:			
Type of Business: (Mark with X)		Limited (Pty) Ltd	СС	Trust	Partnership	Sole Proprietors	hip	Private Individual	Other
If other, please specif	y:								
Payment Terms:		30 Days From Date of Invoice							
Line of Business:									
Banker Name:									
Branch:					Account No.:				
Telephone No:					Amount of C Required:	redit			



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CREDIT APPLICATION

Directors/Owners					
Director/Owner (1)					
Name:					
Residential Address					
Contact Tel No.:	Identity Number:				
Director/Owner (2)					
Name:					
Residential Address					
Contact Tel No.:	Identity Number:				
Director/Owner (3)					
Name:					
Residential Address					
Contact Tel No.:	Identity Number:				
Route Card					
The application cannot be processed without the following attachments:					
Please make sure that you hand in only complete original applications. Thank You!					
1. Company Letterhead					
2. A Cancelled Cheque					
 Copy of VAT Registration Company Registration Docu 	uments (CMI + CM 26 / CK1 +CK2)				

Certified copy of ID of Directors
Afrilek Automation Contact Person:

Credit References Company Name: Contact Person: Company Name: Contact Person: Contact Tel No.: Company Name: Contact Tel No.: Company Name: Contact Person: Contact Tel No.:

Afrilek Banking Details

In order to avoid cheque fraud, please effect payment by direct bank transfer. Our bankers are:



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CREDIT APPLICATION

Bank Name:	First National Bank				
Branch:	Greenstone	Branch Code:	201510		
Account Number:	62109096851	Account Type:	Cheque Account		
SWIFT CODE:	VIFT CODE: firnzaJJ962		SWIFT Code only applicable for foreign customers		

Declaration

The Applicant agrees to the following:

- 1. To pay all costs incurred by Afrilek Automation in recovering the goods/debt or incurred by Afrilek Automation as a result of any breach, including without limitation legal costs on the scale as between an attorney and his own client.
- 2. Consent to the jurisdiction of the Magistrate Court for any legal action to be taken notwithstanding the value limitations imposed by Section 29 of the Magistrate Court Act. To be governed by the laws of the Republic of South Africa.
- 3. Consent given to perform Credit Checks.
- 4. It is assumed by Afrilek Automation that any person ordering goods on behalf of the entity seeking credit in terms of this document has the necessary authorization to do so and the signatory hereto warrants said authority.

I certify that information contained in this application is true and correct and fully understood by me.

Thus, done and signed at:			
On this,	Day of		20
Signature:	Print Name:	Capacity:	

NB: In the case of company/cc this form is to be signed by a director/member or otherwise by any other person duly authorized thereto in terms of a resolution, a copy of which must be attached hereto.

If Application is successful, then kindly note that the terms of payment are: Due 30 days nett or as stipulated in the contract between the applicant and Afrilek Automation.

No act of relaxation, indulgence or grace on the part of the CREDITOR shall in any way operate as to be a waiver by the Creditor of any of its rights.

FOR OFFICE USE ONLY!		
Amount of Credit Authorized:		
Account Opened on (date):		
Customer Code:		
Name:		
Checked:		
Reviewed:		
Approved:		
Signature:		



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