

Credit Account Application Form

Date: _____

Please fill in with capital letters

Name of Account: _____

Postal Address: _____

Delivery Address: _____

Contact Person – Accounts: _____

Contact Person- Purchasing: _____

Phone: _____ Fax: _____

Purchasing Email Address: _____

Website: _____

Online Invoice Mailing Yes No

Accounts Email Address: _____

Trade References:

(1) Name: _____ Phone: _____

(1) Name: _____ Phone: _____

(1) Name: _____ Phone: _____

How long has business been established? _____

Accountant: _____ Phone: _____

Bank/ Branch: _____

Type of Business: _____

Estimated amount of business for 1 month with us \$ _____

Please provide Directors/Partners details:

Name: _____

Address: _____

TERMS: All accounts payable 20th of month following date of invoice. Failure to do so may results in the stopping of credit facilities without notice, until payment is made. Continued noncompliance will result in the account being closed and legal action taken to recover the amounts outstanding. All costs of collection, including debt collector's fees will be added to the account.

OWNERSHIP: Ownership of goods will only be transferred to the purchaser upon full payment of monies due in respect of the purchase.

I HERBY ACKNOWLEDGE ACCEPTANCE OF THIS ABOVE MENTIONED TERMS AND OWNERSHIP CLAUSE.

NAME: _____ POSITION: _____ SIGNED: _____