


DOCUMENT NAME: <u>VENDOR CREDIT APPLICATION FORM</u>			
DOCUMENT TYPE: FORM			
DOC AUTHOR: E. Stols	RECOMMENDED BY: E. Stols	APPROVED BY: P. Pieterse	

Section A. Organisation's Information and Organisation's Principals Information

I/We the undersigned.....
(Name and Surname)

In my/our personal capacity as a member /director of.....
(Delete whichever is not applicable)

.....

hereinafter, "The applicant" being duly authorised hereto, hereby make application to Select PPE (PTY) Ltd "The Supplier" to purchase from them, from time to time, goods on credit, upon the terms and conditions set out in paragraph 10 hereof.

In support of my/our said application, I/We furnish herewith the following information.

1. Trading name and physical address of Applicant/Company/Firm/ Close Corporation.

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2. Applicant's postal address:

.....

Tel No.:Fax Number:

Names of contact person for Account Payments:

Contact person's telephone number and email address:

.....

3. Name/s and addresses of Director(s)/Member(s)/Proprietor of applicant:

.....
 (Name & Surname 1.) (Address)

.....
 (Name & Surname 2.) (Address)

.....
 (Name & Surname 3.) (Address)

.....

Business information

Nature of Business.....

Date Business was established.....Registration No.....

Registered Address of business.....

VAT Registration number.....

Auditors.....

Bankers: Name and Address:

Branch:

Account Number:

Overdraft Facility:

How secured:

4. Balance Sheet available: YES/No If yes, Year

Name and Address of Landlord of premises where business is conducted:

.....

5. Name of any associated/subsidiary/holding company:

.....

6. Trade Reference

a. Tel:

b. Tel:

c. Tel:

Section B. Credit and Payment Terms Information

7. Credit Limit Required.....

8. Payment terms: 20th of each month – **NO DISCOUNT**

9. Details of Fixed property owned by applicant:

Stand No.	Township	Date purchased	Price paid	1 st or 2 nd Bond	Value

10. I/We hereby:

- a. Warrant that the above information is true and correct.

- b. Agree that the account is settled 20 days from Invoice date. I must stress to you the gravity of above, in that, Select PPE (PTY) Ltd have a strict trading policy on the above payment terms.

All accounts not paid 20 days from Invoice date each month will be put on hold until fully settled.

Banking details are as follows

Account Name	Select PPE (PTY) LTD
Bank	First National Bank
Account number	62617634101 (Business cheque account)
Branch and code	Randfontein 250341

- c. Consent to the jurisdiction of any Magistrate's Court having jurisdiction by virtue of Section 45 of the Magistrates Court Act, for the determination of any claim which the Supplier may at any time have against me/us arising out of the supply of goods and which would otherwise be beyond jurisdiction of the Magistrate's Court because of the amount of the claim;

- d. Acknowledge that credit facilities may be withdrawn or changes at any time without prior notice;
- e. Agree that a certificate by a Director of the Supplier, showing the amount due and owing by me/us to them at any given time, shall be sufficient prima facie proof of the facts therein stated, for the purpose of legal proceedings against the Applicant for the recovery of the said amount;
- f. Agree that it is to be a condition of each sale that the goods are sold voetstoots and without any warranties whatsoever;
- g. Agree that by signing hereunder, I/We bind myself/ourselves as **Surety and Co-principal debtor** with the applicant for all monies which may now be or in the future become owing by the Applicant to the Supplier hereby renouncing all benefits of exclusion, division and cession of action, the meaning of with which I/we confirm I/we am/are fully acquainted; and
- h. I/We hereby choose domicilium citandi et executandi both for myself and for the Applicant at the address mentioned in paragraph 1 above.
- i. Consent to the Supplier or its agents undertaking a full credit check annually on the Applicant and/or sureties herein for purposes of accurately assessing this application.

SIGNED AT.....ON THIS.....DAY OF.....20.....

Name.....

Name.....

Designation.....

Designation.....

Signature.....

Signature.....

DIRECTOR(S)/MEMBER(S)/PARTNER(S)/PROPR

Please take note

Each page must be initialled by all parties

**Survey/Questionnaire: Please tick the appropriate
How did you hear about us?**

A. Internet	<input type="checkbox"/>	B. Select PPE Client	<input type="checkbox"/>
C. Select PPE representative	<input type="checkbox"/>	D. Other	<input type="checkbox"/>

If your answer was (C) Please state the name of the representative.....

FOR OFFICE USE ONLY:



Credit Rating	
Account approved by	
Date	
Special Notes	

Account number	
Credit Limit	

Account review and History

(Please record all instances the account is blocked because of none payment)

Date	Reviewed by	Incidence, review and credit rating

RECOMMENDED BY: E. Stols Financial Director Signature: 	APPROVED BY: P. Pieterse Chief Executive Officer Signature: 	COMPANY DETAILS: Select PPE (Pty) Ltd, 1940/013688/07 3 Protea Street, Aureus Randfontein, 1760 P.O Box 83669, South Hills Gauteng, 2136 Republic of South Africa
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