


<b>DOCUMENT NAME: <u>VENDOR CREDIT APPLICATION FORM</u></b>			
<b>DOCUMENT TYPE: FORM</b>			
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.

.....  
 .....  
 .....  
 .....

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: 30 days from Invoice date - each month – **NO DISCOUNT**
- 9. Details of Fixed property owned by applicant:

Stand No.	Township	Date purchased	Price paid	1 <sup>st</sup> or 2 <sup>nd</sup> Bond	Value

- 10. I/We hereby:
  - a. Warrant that the above information is true and correct.
  - b. Agree that the account is settled by 30 days after 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 by 30 days after 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.
- j. The Protection of Personal Information Act
  - i. The customer hereby notified that its personal information, and if applicable, that of its representative/s and/or subsidiaries and other parties provided to Select PPE, will be collected and processed by Select PPE as envisaged in the POPI Act 4 of 2013, primarily for the purposes of enabling Select PPE to consider the customers application for credit.
  - ii. The customer, and if applicable, its representative/s and/or subsidiaries and other parties acknowledge/s that the supply of this information is voluntary and not mandatory, however, failure to provide such personal information could lead to the inability of Select PPE to consider the customer's application for credit facilities with it.

- iii. The customer and if applicable, its representative/s and/or subsidiaries and other parties acknowledge/s and confirms that Select PPE may process their information, including information regarding identity and/or registration numbers, email addresses, physical and/or postal addresses, telephone numbers and full names.
- iv. The processing of information by Select PPE includes the collection, storage, updating, use, to enable Select PPE to:
  - consider the Customer's credit application with it
  - perform historical, statistical and/or research functions
  - enforce and/or collect on any agreement, when the customer is in default or breach of this Agreement's provisions and/or to trace the whereabouts of the customer for purposes of such enforcement and/or collection
  - deliver documents and or notices to the customer.
- v. The customer and if applicable, its representative/s and/or subsidiaries and other parties acknowledge/s and confirms that Select PPE may share his, her, their or its personal information with the following persons (amongst others) whom have an obligation to keep the personal information secure and confidential:
  - attorneys, tracing agents, debt collectors and/or other persons that can assist with enforcing this agreement
  - fraud prevention and/or law enforcement agencies
  - regulatory authorities, governmental departments, local and/or international tax authorities and/or other persons that Select PPE under law must share the personal information with.
  - contractors and/or employees of Select PPE who are required to be informed of the personal information in order to enable Select PPE to comply with any quotation to and/or agreement with the customer in respect of goods or services to be rendered.
- vi. The customer and if applicable, its representative/s and/or subsidiaries and other parties acknowledge/s and confirms that they may:
  - access the information that Select PPE has about them and may request that any information that may be incorrect, irrelevant, excessive, outdated, incomplete, misleading, obtained unlawfully or inaccurate, be deleted and/or corrected. Furthermore, they may file a complaint with the information

regulator established in terms of the POPI Act about any alleged contravention of the protection of their personal information.

- withdraw their consent which allows Select PPE to process their information except if otherwise allowed, and/or required by law.

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**

**The following documents must be submitted together with the Credit Application Form**

**Copy of ID Documents of all Directors/Members/Partners**

**Bank Confirmation letter**

**Company Registration documents**

**Financial Statements (Income Statement and Balance Sheet)**

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

A. Internet		B. Select PPE Client	
C. Select PPE representative		D. Other	

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

**FOR OFFICE USE ONLY:**



<b>Credit Rating</b>	
<b>Account approved by</b>	
<b>Date</b>	
<b>Special Notes</b>	

<b>Account number</b>	
<b>Credit Limit</b>	

**Account review and History**

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

<b>Date</b>	<b>Reviewed by</b>	<b>Incidence, review and credit rating</b>

RECOMMENDED BY: E. Stols Financial Director Signature: 	APPROVED BY: P. Pieterse Chief Executive Officer Signature: 	COMPANY DETAILS: Select PPE (Pty) Ltd, 1940/013688/07 11 Bussing Road, Aureus Randfontein, 1760 P.O Box 83669, South Hills Gauteng, 2136 Republic of South Africa
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