



VAT.NO.4710187370 CK NO.2000/006347/23

95 LAKE AVE
BENONI
1501

TEL: 011-420 1201
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E-MAIL: phil@dctyres.co.za

POSTNET SUITE 156
PRIVATE BAG X01
FARRARMERE
BENONI
1518

CREDIT APPLICATION

CONFIDENTIAL

NOTE: PLEASE COMPLETE IN FULL, E-MAIL OR FAX COMPLETED APPLICATION & POST OR DELIVER ORIGINAL COPY TO 95 LAKE AVENUE, BENONI

TOTAL PAGES INCL. THIS ONE: 9

COMPANY NAME:

TRADING ADDRESS:

COMPANY STAMP

CREDIT APPLICATION

General Details:

Registered name of business: _____

Company Registration number: _____

Trading name of business: _____

Vat registration number: _____

Physical Registered Address of Company: _____

Postal Address of Company: _____

Company contact numbers: Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Business Commencement date: _____

Nature of Business: _____

Bankers: _____

Account number: _____

Branch - Name & Code: _____

Date of Account opened: _____

Type of Account: _____

.....

Details of Directors / Partners / Members & or Owners (continued)

Full Names & Surname: _____

Identity Number: _____

Physical home adress: _____

Contact number: Cell / Tel: _____

 Fax: _____

 E-mail: _____

Designation in company (Position held): _____

Ownership persentage if any (%): _____

Details of Directors / Partners / Members & or Owners (continued)

Full Names & Surname: _____

Identity Number: _____

Physical home adress: _____

Contact number: Cell / Tel: _____

 Fax: _____

 E-mail: _____

Designation in company (Position held): _____

Ownership persentage if any (%): _____

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TRADE REFERENCES:

NAME OF SUPPLIER: _____

Contact Person: _____

Contact number: Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Account ref. name / number: _____

Date Account Opened: _____

Type of account (Mark with **x**):

CASH	30 DAY	60 DAY
-------------	---------------	---------------

Payment method (Mark with **x**):

CASH	CHEQUE	EFT
-------------	---------------	------------

Average monthly purchases: _____

TRADE REFERENCES (continued):

NAME OF SUPPLIER: _____

Contact Person: _____

Contact number: Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Account ref. name / number: _____

Date Account Opened: _____

Type of account (Mark with **x**):

CASH	30 DAY	60 DAY
-------------	---------------	---------------

Payment method (Mark with **x**):

CASH	CHEQUE	EFT
-------------	---------------	------------

Average monthly purchases: _____

TRADE REFERENCES (continued):

NAME OF SUPPLIER: _____

Contact Person: _____

Contact number:

Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Account ref. name / number: _____

Date Account Opened: _____

Type of account
(Mark with **x**):

CASH

30 DAY

60 DAY

Payment method
(Mark with **x**):

CASH

CHEQUE

EFT

Average monthly purchases: _____

TRADE REFERENCES (continued):

NAME OF SUPPLIER: _____

Contact Person: _____

Contact number:

Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Account ref. name / number: _____

Date Account Opened: _____

Type of account
(Mark with **x**):

CASH

30 DAY

60 DAY

Payment method
(Mark with **x**):

CASH

CHEQUE

EFT

Average monthly purchases: _____

.....

TERMS & CONDITIONS :

1. I / We the undersigned hereby apply for credit with **D.C. Tyres CC (2000/006347/23)** as set out above, and consent to my accountants, auditors and bankers to supply such information as may be necessary to **D.C. Tyres CC (2000/006347/23)** .
2. Choose as domicilium citandi et executandi for myself and the Applicant the physical address as set out in this application.
3. Hereby consent to the jurisdiction of the Magistrate's Court having jurisdiction over my person at my chosen domicilium for any action arising from this against me or the Applicant Business.
4. Agree to pay all legal costs including attorney and client costs and collection commission should any legal action be instigated against me or the Applicant Business for any debt. outstanding that I/we have not paid nor returned in the same condition as we received it within 120 days of original goods purchased / services rendered.
5. Agree that any credit granted to me or the Applicant Business will carry interest equal to the prime interest rate levied by First National Bank at the time, plus 7% on amounts outstanding for longer than 30 days.
6. Accept that until such time as I/we have paid the purchase price in full in respect of goods, ownership in and to all goods shall remain vested in **D.C. Tyres CC (2000/006347/23)** and that **D.C. Tyres CC (2000/006347/23)** shall be entitled to take possession of any such goods which have not yet been paid for in respect of any overdue amount. This clause also applies in the event of the applicated business being liquidated or operation is cancelled.
7. Accept that payment terms are accepted as strictly 30 days net. Non-adherence will result in any discount being reversed on our invoices at **D.C. Tyres CC (2000/006347/23)**.

SIGNED ATON THISDAY OF20.....

FULL NAME & SURNAME

FULL NAME & SURNAME

SIGNATURE

SIGNATURE

DESIGNATION

DESIGNATION

(On behalf of "The Debtor" a.k.a the
applying business)

(*Witness* on behalf of "The Debtor" a.k.a
the applying business)

SURETYSHIP

I/We the undersigned,

.....(Full Name and Surname) with Identity number

..... on behalf of the the applied business

..... (Company name)

(hereinafter referred to as the "Principal Debtor"), do hereby bind myself / ourselves jointly and severally unto one in favour of **D.C. Tyres cc (2000/006347/23)** (hereby referred to as the "Credit Grantor") as sureties and co-principle debtor/s in solidum

with(hereinafter referred to as the Principal Debtor) for the due and punctual payment by the Principal Debtor to the Creditors of any amount which now or which may hereafter become owing by the Principal Debtor to the Creditor's from any cause of indebtedness howsoever arising and for the fulfillment of the Principal Debtors obligations to the Creditor.

For the purpose of any action against me/us, a certificate by a Director or Manager of the Creditors (whose appointment qualification and/or authority need not be proved) as to the amount owing by the Principal Debtor to the Creditor and of the fact that the due date for the period of payment of the same has arrived, shall be prima facia proof both of the existence of the debt as well as the amount owing.

I/We hereby consent in terms of Section 45 of the Magistrate's Court Act of 1944 to the Creditor taking any legal action for the recovery of monies claimable hereunder that the Magistrates Court in any district having jurisdiction in respect of my/our person by virtue of Section 28 of the aforesaid act may be deemed suitable. Notwithstanding the foregoing the creditor shall be entitled in its own discretion to take any such legal action in any court of competent jurisdiction and in either event the Creditor shall be entitled to claim costs between attorney and own client.

I/We select Domicilium et Executandi (physical address) as:

.....

at which address all monies and communication may be addressed to me/us and I/we agree that all notices addressed to me/us at the said address and dispatched by prepaid registered post shall be deemed to have reached me/us on the second day after the date of posting.

The liability of one of us mentioned above is not dependent upon the signature of the other of us. I/We shall not prove a claim against the estate of the Principal Debtor on completion with the Creditor/s. Neither extension of time, indulgence or waiver afforded by the Creditor/s to the Principal Debtor, nor any other arrangement between them shall be prejudice or have affected to Creditor/s right against me/us.

SIGNED AT ON THIS DAY OF 20

FULL NAME & SURNAME

FULL NAME & SURNAME

SIGNATURE

SIGNATURE

DESIGNATION

(On behalf of "The Debtor" a.k.a the applying business.)

DESIGNATION

(Witness on behalf of "The Debtor" a.k.a the applying business)

NOTE OF IMPORTANCE :

THE FOLLOWING DOCUMENTS HAVE TO ACCOMPANY THIS CREDIT APPLICATION:

- * COPY OF IDENTITY DOCUMENTS OF ALL DIRECTORS AND MEMBERS OF COMPANY.
- * COPY OF COMPANY CK1, CK2, COR15.1a OR CM29 DOCUMENTS.
- * COPY OF COMPANY VAT CERTIFICATE.
- * LETTER OF BANK VERIFYING BANK ACCOUNT.
- * PROOF OF RESIDENCE OF DIRECTORS AND MEMBERS OF COMPANY.

**PLEASE MAKE SURE ALL FIELDS ON THIS APPLICATION HAS BEEN COMPLETED
AND ALL PAGES HAVE BEEN SIGNED OR INITIALISED WHERE APPLICABLE.**

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