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Blairgowrie,
Randburg
011 781 2855
011 781 4048
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sales@kutustationers.co.za

Fourways
Unit 804 Hammets Office Park
2 Selbourne Road
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Tel: 010 001 0145
Email:
zoliswa@kutustationers.co.za

Midrand Cnr Old Pretoria & Alexandra Road Midrand Mall Tell: 011 026 6792/90 sales@kutustationers.co.za

Confidential Credit Application Business Details

Notes:

- 1. Please print in block letters, preferably using a black pen or ballpoint pen.
- 2. To avoid delays in the approval of credit facilities, please ensure that all information requested is supplied. No transaction shall take place unless all the information is supplied and both parties sign the Credit Agreement and ensure all pages are initialled.
- 3. Kutu Stationers reserves the right to determine the credit limit for each customer based on the information supplied on this form.
- 4. All information supplied in this form shall be treated by Kutu Stationers, its officers and staff, in the strictest of confidence.

Registered name of	of customer:			
	Hereinafte	er referred to as "THE	CUSTOMER"	
Trading As:				
Type of Business:	Sole Proprietor	Partnership	Close Corporation	Company (Pty) Ltd or Ltd
Nature of Business	:			For office use only
Company/CC Reg. No:Registration Date:				
VAT Reg. No: Commencement date:			ACCOUNT NO:	
Financial year end (month):				SALES REP:
Name of holding company:				BANK CODE:
Registered office or business address: "The business address"				CREDIT CHECK:
Postal Address:				CREDIT LIMIT
Delivery Address:				GRANTED:
Tel:	Fax:	Email:		
Sales Contact:Accounts Contact:				NOTES:
Financial Officer:				
Tel:	Fax:	Email:		.
Bookkeeper/Audito	r:			· 2
Tel:	Fax:	Email:		.
Premises owned or rented:Landlord:				72
Postal address:		Tel:		
Bank Det	ails:			
Name of Account H	Holder:			<u>-</u> 5:
Name of Bank:		Branch:		
Branch Code:		Account No:		

Owners/partners/members/directors: I.D. No: Residential Add: Name Home Tel: 3. Trade references: Account no: Address: Tel no: Company Name Contact person List all sureties, cessions of debtors, notarial bonds, judgements List liquidations against the business or any of its principals. Estimated monthly/annual purchases: R Required Credit Limit R: **Documents required:** The following documents accompany this evaluation form (tick appropriate box) Company/CC Certificate of Incorporation Statement of assets and liabilities Copy of ID documents Current company/cc registered documents (founding statement; CM29 form; CK2 form) Documents which may be required: Most recent audited financial statements Latest management accounts 6 to 12 month forecasted budget 3 month bank statements Other I/We, the undersigned, ___ $_$, (full name), in my capacity as $_$ of the customer, hereby warrant and certify that: 1. The above information is true and correct. 2. I am duly authorized to sign this Application Form and to make these warranties. 3. I acknowledge that I have read and understood the terms and conditions of credit contained hereunder. _____ on this _____ day of_____ 20____ Signed at ___ On behalf of customer and as co-principal debtor _____ On behalf of KUTU____ _____ Witness ____ Witness__ _____ Witness _ Witness_

Note that the signature to this Assessment Form does not automatically imply that credit facilities will be granted to the debtor. The debtor will be informed of credit facilities in writing.