

ADVANCE

OFFICE SUPPLIES

APPLICATION FOR 30 DAY CREDIT FACILITIES

Registered Business Name _____

Company Registered Number _____

Company Vat Number _____

Contact Person

Orders _____ Tel _____

Email _____ Fax _____

Accounts _____ Tel _____

Email _____ Fax _____

Director _____ Tel _____

Email _____ Fax _____

Cell _____

ID # _____

Postal Address _____

Code _____

Delivery Address _____

Code _____

Bank _____ Branch _____ Acc # _____

Trade References

1. Terms _____ Tel _____

Credit Limit _____ Fax _____

2. Terms _____ Tel _____

Credit Limit _____ Fax _____

3. Terms _____ Tel _____

Credit Limit _____ Fax _____

Estimated Monthly Purchases R _____

Applicants Signature _____ Date _____

**Warranting my authority to execute this document
All terms are strictly 30 days**