



ACCOUNT NAME:

## APPLICATION FOR CREDIT FACILITIES

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Registered and Trading Name of Applicant:

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If a Subsidiary, Please State Name of Holding Company:

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Full Physical Address:

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Postal Address:

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Web Address/Website:

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Company Registration No:

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Company VAT No.

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Landline Contact Number/s: \_\_\_\_\_

Mobile Contact Number/s: \_\_\_\_\_

Facsimile \_\_\_\_\_

Company Director 1: \_\_\_\_\_

I.D. no. \_\_\_\_\_

Company Director 2 : \_\_\_\_\_

I.D. no. \_\_\_\_\_



**KEY CONTACTS:**

**Contact Person for Accounts Queries:**

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Person Responsible for Courier Coordination:**

\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Your anticipated monthly use of our services:**

**LOWEST: R** \_\_\_\_\_ **HIGHEST: R** \_\_\_\_\_

**SERVICES / CREDIT LIMITS / PAYMENT TERMS:**

**Freight Payment Terms – Strictly 30 DAYS FROM DATE OF INVOICE.**

**Vat and Duty Payment Terms -Strictly 7 DAYS FROM DATE OF INVOICE.**

LOCAL / DOMESTIC – CREDIT LIMIT REQUIRED R \_\_\_\_\_

INTERNATIONAL – CREDIT LIMIT REQUIRED R \_\_\_\_\_

VAT AND DUTY – CREDIT LIMIT REQUIRED R \_\_\_\_\_

TOTAL CREDIT REQ – CREDIT LIMIT REQUIRED R \_\_\_\_\_

Exporters Code - \_\_\_\_\_

Importers Code - \_\_\_\_\_

**COMPANY BANKING DETAILS**

**Name & Address of Banking Institution:**

\_\_\_\_\_  
\_\_\_\_\_

Account No: \_\_\_\_\_

Branch Code: \_\_\_\_\_



**DETAILS OF THREE PRINCIPLE TRADE SUPPLIERS**

<i>Supplier</i>	<i>Contact Person</i>	<i>Telephone</i>	<i>Monthly Spend</i>

Have you or your officers or affiliates ever filed a petition in bankruptcy?

YES  NO

Is your company subject to any litigation? If yes, please give brief outline:

YES  NO

**We declare the above information is true, correct and complete. We authorize D2D Couriers to make such credit investigation as D2D Couriers sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to D2D Couriers any and all information concerning the financial and credit history of my company and myself.**

**AUTHORISATION**

**I the undersigned (Account holder) hereby apply for credit facilities. The account holder undertakes that the information with reference to this application is true and correct. The account holder consents to D2D Couriers making such inquiries as it shall deem necessary for this application, and accepts that D2D Couriers reserves the right in its absolute discretion to reject the application without being required to state any reasons. If the application is accepted, the account holder agrees to be bound by the Terms and Conditions.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

“Authorised Personnel”

NAME: \_\_\_\_\_

Position: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Witness: \_\_\_\_\_

NAME: \_\_\_\_\_

Position: \_\_\_\_\_

**FOR OFFICE USE:**

Name of person who checked references: \_\_\_\_\_

Date Checked: \_\_\_\_\_