

DETAILS OF DIRECTORS/PARTNERS/MEMBERS/PROPRIETOR

NAME	I.D. NUMBER	TELEPHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

PERSON RESPONSIBLE FOR PAYING ACCOUNTS

NAME _____ TELEPHONE NUMBER _____

TRADE REFERENCES

	Company Name	Contact Name	Telephone	Account Operating Since	Average Monthly Purchases	Terms Taken
1)						
2)						
3)						
4)						

PAYMENT TERMS

Accounts are payable strictly 30 DAYS from date of statement

I/WE certify that the above information is true and correct and agree to abide by these terms

FULL NAME _____ DESIGNATION _____

AUTHORISED SIGNATORY _____ DATE _____

FOR OFFICE USE ONLY

	Contact Name	Monthly Purchases	Account Operating Since	Terms	Comments
1					
2					
3					
4					

OTHER COMMENTS _____

PROPOSED CREDIT LIMIT R _____ DATE _____

AUTHORISED BY _____