



ACCOUNT APPLICATION

Company Name: _____

Postal Address: _____

Physical Address: _____

Telephone Number: _____ Fax Number: _____

Name of Business: _____

Directors/Owners Names & ID numbers

1 _____ ID Number _____

2 _____ ID Number _____

3 _____ ID Number _____

Company Registration Number: _____

Vat Number: _____

BANK DETAILS

Bank Name _____ Branch Name _____

Account Number _____ Branch Code _____

How long has the company been in operation: _____

Amount of Credit Required: _____

Trade References

1 _____ Telephone Number _____
2 _____ Telephone Number _____
3 _____ Telephone Number _____

Person Responsible for Account Payments: _____

TERMS ARE 30 DAYS

I am fully authorised to sign this application on behalf of the above mentioned business.

I hereby declare that all information herein stated, is true and correct.

Signed At _____ on this the ____ day of _____ 200__

Signature: _____

Designation _____

Witnessed By: _____

Designation: _____