



CONFIDENTIAL CREDIT APPLICATION (COMPANIES)

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Application by

Registration Number: _____

herein referred to as "the Customer"

to enter into an agreement of trade with

SUNSHINE CO CC

herein referred to as "the Supplier"

I/We hereby wish to make application for credit facilities. In support of the application the following particulars are supplied:

BUSINESS CONTACT INFORMATION

FULL REGISTERED NAME OF BUSINESS: _____

TRADING NAME (IF NOT AS ABOVE): _____

HOLDING COMPANY (IF APPLICABLE): _____

COMPANY REGISTRATION NUMBER: _____

VAT REGISTRATION NUMBER (PLEASE ATTACH COPY): _____

PREVIOUS TRADING/ REGISTERED NAMES: _____

TYPE OF BUSINESS: _____ DATE OF COMMENCEMENT OF BUSINESS: _____

REGISTERED COMPANY ADDRESS: _____

CITY: _____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

DELIVERY ADDRESS (IF NOT THE SAME AS REGISTERED ADDRESS): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____

NAME OF PERSON RESPONSIBLE FOR PLACING ORDERS: _____

POSITION: _____ TELEPHONE NUMBER: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNTS: _____

POSITION: _____ TELEPHONE NUMBER: _____

ARE CUSTOMER'S ORDER NUMBERS REQUIRED? _____

GENERAL INFORMATION

ARE THE BUSINESS PREMISES OWNED BY THE CUSTOMER? (MARK WITH AN X): _____ RENTED? _____ LEASED?

IF RENTED OR LEASED, PLEASE FURNISH THE FOLLOWING DETAILS OF THE LANDLORD:

NAME: _____

POSTAL ADDRESS: _____

TOWN/ CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CREDIT AND BANKING INFORMATION

ACCOUNTS ARE PAID BY (MARK WITH AN X): CHEQUE _____ ELECTRONIC FUNDS TRANSFER _____ OTHER _____

MAXIMUM CREDIT REQUIRED: PER MONTH R _____ CREDIT LIMIT: _____

NAME THAT APPEARS ON YOUR BANK ACCOUNT: _____

BANK NAME: _____ ACCOUNT NUMBER: _____

BANK CODE: _____ EFT CODE: _____

HAS THE BUSINESS OR ANY OF ITS PRINCIPALS HAD ANY JUDGEMENT AGAINST THEM? _____ IF YES LIST SEPERATELY.

HAS THE BUSINESS OR ANY OF ITS PRINCIPALS BEEN LIQUIDATED OR SEQUESTERED? _____ IF YES LIST SEPERATELY.

HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS? _____ IF YES LIST SEPERATELY.

PLEASE LIST ALL FACTORING, SECURITIES, SURETIES, CESSION OF DEBTORS, MORATORIUMS, NOTARIAL BONDS AND PERSONAL GUARANTEES SEPERATELY.

PLEASE LIST SECURITIES OFFERED TO SUPPORT THIS CREDIT APPLICATION: _____

AUDITOR, ACCOUNTING OFFICER OR ACCOUNTANT DETAILS

NAME: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

ADDRESS: _____

ARE AUDITED FINANCIAL STATEMENTS AVAILABLE? (MARK WITH AN X) YES _____ NO _____

TRADE REFERENCES

(TO BE SUPPLIERS OF GOODS AND SERVICE EXCLUDING CONTRACTS, RENTALS, LEASES ETC, FOR A MINIMUM OF SIX MONTHS)

1. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

2. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

3. COMPANY NAME: _____ TELEPHONE NUMBER: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

FULL DETAILS OF DIRECTORS / MEMBERS / SHAREHOLDERS / PROPRIETORS / TRUSTEES

1. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

AREA CODE: _____ % SHAREHOLDING / INTEREST: _____

2. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

AREA CODE: _____ % SHAREHOLDING / INTEREST: _____

3. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

AREA CODE: _____ % SHAREHOLDING / INTEREST: _____

4. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

AREA CODE: _____ % SHAREHOLDING / INTEREST: _____

5. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

AREA CODE: _____ % SHAREHOLDING / INTEREST: _____

SIGNATORIES

I/ WE, THE UNDERSIGNED 1) _____ 2) _____

IN MY/ OUR CAPACITY AS 1) _____ 2) _____

AND BEING AN AUTHORISED REPRESENTATIVE(S) OF THE CUSTOMER, HEREBY DECLARE/ DECLARES AS FOLLOWS:

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT, AND I/ WE UNDERTAKE TO NOTIFY IN WRITING, ANY CHANGE OF DETAILS SHOWN HEREIN, INCLUDING CHANGE OF OWNERSHIP, NAME, OR ADDRESS, WITHIN SEVEN WORKING DAYS OF THE CHANGE.

I/ WE HAVE RECEIVED A COPY OF THE "TERMS AND CONDITIONS OF TRADE". WE AGREE THAT ALL BUSINESS BETWEEN US (WHETHER UNDER QUOTATION, ORDER, CONTRACT OF SALE, OR OTHERWISE) SHALL BE IN THE TERMS OF THE SAID AGREEMENT AND / OR THOSE TERMS CONTAINED HEREIN, WHICHEVER ONE IS AUTHORITATIVE.

THERE ARE _____ (_____) SEPARATE SHEETS ATTACHED TO THIS DOCUMENT.

THE UNDERSIGNED ACCEPT / S THE TERMS AND CONDITIONS OF TRADE. THE CUSTOMER ACKNOWLEDGES THAT ANY AMOUNT DUE FOR GOODS OR SERVICES WILL BE DUE UNCONDITIONALLY WITHIN THE CREDIT PERIOD GRANTED FROM THE DATE OF A TAX INVOICE ISSUED BY THE SUPPLIER. THE CUSTOMER HEREBY DECLARES THAT CHEQUES WILL NOT BE ISSUED IN PAYMENT UNLESS THERE ARE SUFFICIENT FUNDS AVAILABLE AND THAT SUCH FUNDS WILL REMAIN AVAILABLE IN ORDER THAT ALL CHEQUE PAYMENTS WILL BE HONOURED AND THAT UNDER NO CIRCUMSTANCES WILL PAYMENT OF ANY CHEQUE BE STOPPED.

I / WE, THE UNDERSIGNED, DO HEREBY BIND MYSELF / OURSELVES JOINTLY AND SEVERALLY AS SURETY / SURETIES FOR AND ON BEHALF OF THE CO- PRINCIPAL DEBTOR / DEBTORS IN SOLIDUM FOR THE FULL AMOUNT OUTSTANDING ON DEMAND BY THE SUPPLIER.

SIGNED ON THIS _____ DAY OF _____ MONTH 20 _____ AT _____ PLACE

SIGNATURE FULL NAME IDENTITY NUMBER

FOR OFFICE USE ONLY

REFERENCES CHECKED BY: _____ / /

ACCOUNT APPROVED BY: _____ / /

ACCOUNT NUMBER: _____

TERMS: _____ CREDIT LIMIT R _____

PROCESSED BY: _____ / /

CUSTOMER NOTIFIED BY: _____ / /

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