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Application for credit facilities – Business application

I/We _____ (the customer) hereby apply for credit facilities for the opening of an account with Mango Moon Trading 1044 CC.

SECTION A: To be completed by all applicants

Mark with an X the relevant legal entity under which the account will be operated.

Business legal entity	Check	Completion instructions
Sole proprietor	<input type="checkbox"/>	Complete sections A, B, D and E
Partnership	<input type="checkbox"/>	Complete sections A, B, D and E
Close corporation	<input type="checkbox"/>	Complete sections A, C, D and E
Registered company	<input type="checkbox"/>	Complete sections A, C, D and E
The account shall be opened in the name of:		Registered name: Trading name:
Physical address of customer being chosen as domicilium citandi ex executandi		Postal code:
Postal address		Postal code:
Billing address (if different from above)		Postal code:
Telephone numbers		Area code: No.: Area code: No.:
Facsimile number		Area code: No.:
Contact person for account queries		Name: Position: Tel no.: E-mail address:
Names of authorised users		
Bankers 1. Bank 2. Branch 3. Account number 4. Account name and description of account 5. If less than three years, provide previous bank account details		

Premises: <input type="checkbox"/> Owned <input type="checkbox"/> Lease <input type="checkbox"/> Rented					
Name of landlord:					
Address of landlord:					
Landlord's telephone no.:					
Guarantees in favour of other creditors					
List all sureties, cession of debtors and notarial bonds					
List all judgements and liquidations/sequestrations against the business or its principals					
Can the latest audited financial statements be made available? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B: Sole Proprietor/Partnership					
Date of commencement of business:					
Nature of business:					
Full names of proprietor/partners	Identity number	Residential address	Home telephone no.		
Details of fixed property owned:					
Address	Stand no. and township	Bond holder (bank)	Estimated value	Outstanding balance on the bond	In whose name is the property registered?
	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]
	[]	[]	[]	[]	[]
SECTION C: Close Corporations/Registered Companies					
Registered office address:					
Corporation/Company registration:			Registration no.:		
			Incorporation date:		
If a subsidiary company, state name of holding company:					
Does the corporation/company trade under any other name/s? <i>Mark with X</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, provide details of all other trading names:					

Trading name	Physical address	Nature/type of business		
Date established:				
Auditors/accounting officers of the close corporation/company				
Company name	Address	Contact person	Telephone no.	
Members of the close corporation/directors of the company				
Full names	Residential address	Identity no.	Telephone no.	
Details of the official company secretary/public officer				
Full name	Address	Contact person	Telephone no.	
SECTION D: Trade references to be completed by all applicants				
Company name	Contact person	Telephone no.	Address	Outstanding balance
SECTION E: To be completed by all applicants				
Approximate value of initial order: R				
Anticipated monthly purchases: R				
Credit limit required R				

The undersigned, who warrants that he/she/they is/are duly authorised by the Customer (the signatory) accepts the Standard Terms and Conditions which follow this application. The Customer acknowledges that any amount due for goods or services will be due unconditionally within the credit period granted from the date of invoice issued by Mango Moon Trading 1044 CC. The signatory hereby binds himself/herself as co-principal debtor jointly and severally. The Customer hereby declares that no cheques will 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 any cheque be stopped.

I hereby certify that all the above information is correct.

Signed at _____ on this the _____ day of _____ 20____ .

Full names 1)

Full names 2)

Signatures 1) Capacity 1)

Signatures 2) Capacity 2)

Witnessed by (Full name) 1) Witnessed by (Full name) 2)

Witness Signature 1) Witness Signature 2)

Please attach copies of the following documents (where applicable):

1. Copy of identity book if you are a sole proprietor or individual
2. Copy of identity book of all principals
3. Cancelled copy of your company letterhead