PROVINCIAL LOGISTICS

maintaining a standard of excellence

APPLICATION FOR CREDIT FACILITIES

1. FULL REGISTRATED NAME OF BUSINESS: _____
2. TRADE NAME: _____
3. PREVIOUS NAME OF BUSINESS: _____
4. BUSINESS REGISTRATION NUMBER: _____
5. VAT NUMBER: _____
6. NATURE OF BUSINESS: _____
7. TYPE OF BUSINESS: _____
8. DATE ESTABLISHED: _____
9. POSTAL ADDRESS: _____
10. PHYSICAL ADDRESS: _____
11. REGISTRED ADDRESS: _____
12. CONTACT DETAILS OF THE PURCHASER: _____

    ☎ _____

    _____

    _____
13. CONTACT DETAILS OF THE ACCOUNTS: _____

    ☎ _____

    _____

    _____
14. DETAILS OF MEMBERS/ DIRECTORS/ PARTNERS/ PROPRIETORS:

    NAME AND SURENAME: _____

    ID NUMBER: _____

    RESIDENTIAL ADDRESS: _____

    CONTACT NO.: _____

    NAME AND SURENAME: _____

    ID NUMBER _____

    RESIDENTIAL ADDRESS: _____

    CONTACT NO.: _____

T. (021) 864 3334 / 2 / 54 • F. (021) 864 3134
18 Versailles Street, Wellington, 7655 • P O Box 917, Paarl, 7645

Provlog cc t/a Provincial Logistics
Registration No. 2008/137009/23 • VAT No. 4430249864

15. BANKERS: _____ BRANCH NO:_____ ACC NO:_____

16. PREMISES: OWNED_____ RENTED: _____

LANDLORD: _____

CONTACT NO: _____

17. LIST SURETIES,CESSION OF DEBATIORS, NOTARIAL BONDS, JUDGEMENTS AND LIQIDATIONS AGAINST THE BUSINESS OR ANY OF ITS PRINCIPLES: _____

18. IS BURRENT FINANCIAL INFORMATION AVAILABLE: _____

19. <u>TRADE REFERENCES:</u>

1. COMPANY NAME: _____

   CONTACT PERSON: _____

   CONTACT NUMBER: _____

2. COMPANY NAME: _____

   CONTACT PERSON: _____

   CONTACT NUMBER: _____

3. COMPANY NAME: _____

   CONTACT PERSON: _____

   CONTACT NUMBER: _____

20. AMOUNT REQUIRED: R_____

21. CUT OF DATE FOR RECEIVING INVOICES: _____

<u>B. TERMS AND CONDITIONS OF CREDIT</u>

1. I, _____ by my signature here to do warrant that:

   a) All the information in this application is true, correct and up to date;

   b) I am a Director/ Partner/ the Sole Proprietor of the Applicant;

   c) I am duly authorized to seek credit facilities for the Applicant and to pledge Applicant's credit;

   d) I am duly authorized generally to represent and to act for and bind Applicant;

   e) I agree that I have read and understood all the contents of the above and agree to be bound by them.

2. Applicant undertakes to:

   a) Make payment on the **1st** to the **5th** of each month for transportation done for the previous month (30 days); free of deducting set-off or demand for whatever reason.

   b) Pay interest at **1%** above the then current maximum bank overdraft rate, if payment is not made timeosly;

3. Applicant acknowledge that:

   a) In the event that any credit facilities being granted that it would be on the basis of the information made available by it in this Application.

   b) In the event of any information supplied is proved to be inaccurate or incorrect, no further credit facilities will be allowed and PROVINVIAL LOGISTICS CC will forthwith be entitled to institute recovery proceedings for all monies then owing by Applicant.

   c) The Standard Trading Conditions of Provincial Logistics CC will form part of this Application for Credit. **A copy of our Standard Trading Conditions is available on request.**

4. The Credit Application hereby acknowledges and agrees that the Credit Grantor may:

   a) Perform a credit check / search on the Applicant and its principles;

   b) Monitor the Applicant's payment behaviour;

   c) Record the existence of the Applicant's account and payment with any Credit Bureau;

   d) Disclose any information regarding defaults in payments, details of how the Applicant's account is being conducted and details of the Applicant's credit worthiness to any other Creditor or Credit Bureau.

5. The credit facility is subject to regular reviewing, prompt payments and approval by our credit department.

NOTE: BEFORE CREDIT FACILITIES WILL BE CONSIDERED ALL THE ABOVE DETAILS ARE TO BE COMPLETED.

***PLEASE ATTACH:

- Copy of VAT Certificate
- Members / Shareholders / Owners Identity Document
- CK/ Shareholders Agreement
- Bank detail verification

DATE: _____

SIGNED: _____

NAME IN PRINT: _____