



Just Trees Credit Application Form
[E-mail back to info@justtrees.co.za or
Fax back to 021 871 1595]

Date: _____

Registered Name of Business: _____

Registration No: _____

Trading Name: _____

VAT Number: _____

Physical Address: _____

Postal Address: _____

Telephone Number: _____

Mobile Number: _____

E-mail address: _____

Fax Number: _____

Directors Name & Address 1: _____

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Directors Name & Address 2:

Directors Name & Address 3:

Person responsible for Paying Accounts:

Contact Details for person responsible for accounts:

Trade References:

Supplier 1

Telephone 1

Supplier 2

Telephone 2

Supplier 3

Telephone 3

Just Trees Pty Ltd
Address: R45, Belvedere Olive Farm
Postal Address: P.O. Box 7270 Noorder Paarl 7623. Paarl. RSA
021 871 1595 (office) 021 871 1595 (fax)
Company Registration Number: 2003/026004/07
VAT Registration Number: 4040217541
Directors: OJ Ryder (Managing). PC Ethelston. CW Pretorius

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To Just Trees Pty Ltd.

By completing this form and faxing it back to you we are formally applying for credit with your company to the value of ZAR

By signing this form below we agree unreservedly to all the following items:

1. I/We hereby acknowledge that all accounts are payable within 30 days from the date of invoice and I/we agree that we will be liable for interest, from the invoice date, at the overdraft rate of Investec Bank plus 2% on any amounts unpaid at 30 days.
2. I/We acknowledge that our liability remains until such time as each invoice is paid in FULL.
3. I/We hereby agree that, in the event of legal proceedings being instituted for recovery of any outstanding amount, I/we will be liable for all costs, including attorney and clients costs where applicable, incurred in addition to the interest mentioned above.
4. We agree that all accounts over 60 days will be frozen
5. I/We agree that we have read and understood the contents of this document and agree to be bound by them. I/We also certify that all the information given above is true and correct

Name: _____ Authorized Signature _____

Name: _____ Authorized Signature _____

Name: _____ Authorized Signature _____

Account Opening Agreed By:	Account Number Designated:
Date:	

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