



**CEE VEE TRANSPORT CONSULTANTS SA (PTY) LTD**

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## **CREDIT APPLICATION FORM**

FULL NAME OF APPLICANT (Legal entity) \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

Code \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

Code \_\_\_\_\_

DATE COMPANY ESTABLISHED: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL (OPERATIONS) \_\_\_\_\_ (ACCOUNTS) \_\_\_\_\_

NAME OF ASSOCIATED COMPANIES/BUSINESS: \_\_\_\_\_

STATE WHETHER OWNER OF APPLICANT IS SOLE PROPRIETOR, A PARTNERSHIP, A REGISTERED COMPANY OR CLOSED CORPORATION: \_\_\_\_\_

COMPANY REGISTRATION NO: \_\_\_\_\_

**\* (please supply copy of certificate where applicable)**

NAME OF AUDITORS: \_\_\_\_\_

TEL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CODE: \_\_\_\_\_

DETAILS OF PROPRIETORS, PARTNERS OR DIRECTORS (Name, Address, ID no, Tel no.)

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

STATE WHETHER EVER INSOLVENT: \_\_\_\_\_

DATE REHABILITATED: \_\_\_\_\_

### **BANKING DETAILS**

NAME OF BANK: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

BRANCH NO: \_\_\_\_\_

### **TRADE REFERENCES**

COMPANY	TEL NUMBER	FAX NUMBER	CONTACT

- CUT – OFF DATE FOR RECEIVING INVOICES : \_\_\_\_\_
- DO YOU ACCEPT SCANNED AND EMAILED COPIES OF INVOICES AND DELIVERY NOTES TO MEET YOUR CUT OFF FOR PAYMENT ? : Y / N
- WE DO NOT SEND OR POST INVOICES. ALL INVOICES AND POD'S WILL BE EMAILED TO YOU ELECTRONICALLY UNLESS SPECIFICALLY ASKED FOR.
- IS YOUR PAYMENTS DONE ELECTRONICALLY? Y / N
- PAYMENT TERMS (ie CASH, 7DAYS) \_\_\_\_\_
- WHAT DATE DO YOU MAKE PAYMENT? : \_\_\_\_\_
- ON WHAT DAY OF THE MONTH DO YOU RECONCILE THE ACCOUNT FOR PAYMENT \_\_\_\_\_

**(WE WOULD LIKE TO CALL YOU IN THE MIDDLE OF THE MONTH TO ENSURE THAT YOU HAVE ALL OUR INVOICES & P.O.D's FOR PAYMENT, AS WE WOULD LIKE TO AVOID UNNECESSARY QUERIES AT THE END OF THE MONTH)**

- **PLEASE DO NOT ISSUE CHEQUES AND POST IT – SO MANY HAVE BEEN LOST IN THE POST.**

MAXIMUM CREDIT REQUIRED: \_\_\_\_\_

VAT NUMBER IF APPLICABLE: \_\_\_\_\_

- **PLEASE ATTACH A COPY OF CERTIFICATE**

NAME AND TITLE OF PERSON RESPONSIBLE FOR HANDELING ACCOUNT QUERRIES AND PAYMENTS. \_\_\_\_\_

I/WE WARRANT THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT IN EVERY RESPECT. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD THE STANDARD TRADING TERMS AND CONDITIONS ATTACHED HERETO AND AGREE THAT SUCH TERMS AND CONDITIONS SHALL BE BINDING UPON ME/US/THE COMPANY IN RESPECT OF ALL TRANSACTIONS ENTERED INTO NOW AND HEREAFTER BETWEEN MYSELF/OURSELVES THE COMPANY AND CEE VEE TRANSPORT CONSULTANTS. I/WE ACCEPT THE TERMS OF CREDIT, BEING 7 DAYS .

I/WE FURTHER WARRANT THAT I/WE HAVE THE NECESSARY AUTHORITY TO BIND THE COMPANY TO ATTACHED TERMS AND CONDCTIONS FOR THE GRANTING OF CREDIT FACILITIES.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **CAPACITY:** \_\_\_\_\_

**COMPANY STAMP:**