



CREDIT APPLICATION FORM

Branch:		Account Number:		Representative:	
Please mark with an X					
Partnership		Close Corporation		Company	
Sole Trader					
Trading Name:					
Registered Trading Name:					
Vat Registration Number:					
Company Registration Number:					
Main Type of Business:					
Full Physical Address:		Line 1:			
		Line 2:			
Postal Address:		Code:			
E Mail Address:					
Telephone Number:		(011)		Fax Number:	
Details of Director/s:					
Full Name:					
I.D. Number					
Residential Address:					
Cell No: ()					
Home No: ()					
Details of Director/s:					
Full Name:					
I.D. Number					
Residential Address:					
Cell No: ()					
Home No: ()					

Bank Details:		
Bank:	Branch:	
Account Number:	Branch Code:	
Contact Person in Accounts:	E mail Address:	
Direct Telephone Number:	Cell Number:	
Trade References:		
Name :	Tel Number:	Contact:
Name:	Tel Number:	Contact:
Name:	Tel Number:	Contact:
Name:	Tel Number:	Contact:
Credit Limit Required:		
<p>I / We hereby warrant that the above statements are true and correct and I/we know no other facts which, if discovered, might affect your decision. I/We further acknowledge that the terms of credit granted are strictly 30 days from date of statement. I / We further acknowledge that interest will be charged at the current prime bank rate or at the overdraft rate given by Absa on all overdue accounts owing. The signatory who's signature appears below hereby accepts the terms and conditions of trade contained on the back of each FeinFreight waybill on behalf of the above mentioned customer and on his behalf as surety and co-principal debtor with the customer in terms of the said terms and conditions of Trade and hereby warrants that he has read and understood the said Terms and Conditions.</p> <p>The signatory also gives consent for a credit check and is aware that should he/she would be listed by default on the National Credit Bureau, should the account be overdue, or he/she abscond from payment. The company also grants FeinFreight the consent to utilize the National Credit Bureau for tracing agents should he/she abscond. He/she is aware that should the company default on payment, FeinFreight has consent to make this information available to the industry and affiliated businesses.</p>		
Print Name:		Signature:
Designation:		Date:

With Thanks!

FeinFreight Courier Services

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