



HEALTH AND SAFETY CC
Reg. No. CK 95.21951/23

**P.O.BOX 84073
GREENSIDE
2034**

**TEL. (011) 646 3783
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CREDIT APPLICATION FORM

REGISTERED NAME: _____

TRADE NAME: _____ REGISTRATION NO.: _____

VAT REGISTRATION NO.: _____

TYPE OF BUSINESS: LTD PTY CC PTRSHIP SOLE OTHER

HOLDING COMPANY: _____

ASSOCIATED COMPANY: _____

PHYSICAL ADDRESS: _____ POSTAL ADDRESS: _____ DELIVERY ADDRESS: _____

THE PHYSICAL ADDRESS WILL BE THE APPLICANT'S CHOSEN DOMICILIUM CITANDI ET EXECUTANDI

TELEPHONE NO: _____ FAX NO: _____

TELEPHONE NO. (A/HOURS): _____ E-MAIL: _____

NAME, ADDRESS AND I.D. NO OF DIRECTORS, PARTNERS, PROPRIETOR OR MEMBERS:

1. _____

2. _____

3. _____

DATE BUSINESS ESTABLISHED/REGISTERED: _____

CONTACTS: _____

MANAGING DIRECTOR [] _____ BUYER [] _____

OPERATIONS [] _____ CREDITORS [] _____

MARK WITH AN 'X' IN THE APPROPRIATE BLOCK FOR ANY PERSON NOT HAVING AUTHORITY TO BIND THE COMPANY.

NATURE OF BUSINESS: _____

SALES REPRESENTATIVE:.....



HEALTH AND SAFETY CC

BANK DETAILS:

BANKERS: _____ **ACCOUNT NO:** _____
BRANCH: _____ **TELNO:** _____

TRADE REFERENCES:

1. _____ **TEL NO:** _____
2. _____ **TEL NO:** _____
3. _____ **TEL NO:** _____

AUDITORS: _____
AMOUNT OF CREDIT REQUIRED: _____

TERMS OF PAYMENT:

- IN ADVANCE
- ON RECEIPT OF INVOICE
- AGAINST STATEMENT
- 30 DAYS NETT AFTER STATEMENT

STANDARD TRADING CONDITIONS

INTEREST WILL BE CHARGED AT NEDCOR'S PRIME RATE PLUS 2 (TWO) PER CENT PER ANNUM ON ALL OVERDUE ACCOUNTS.

LEGAL COSTS – IN THE EVENT OF GHS HANDING OVER THIS ACCOUNT TO IT'S ATTORNEY FOR COLLECTION OF ANY AMOUNT DUE TO IT BY A CUSTOMER, THE CUSTOMER SHALL REFUND GHS ALL LEGAL COSTS ON AN ATTORNEY AND OWN CLIENT SCALE LAWFULLY DEBITED TO GHS BY ITS SAID ATTORNEYS IN REGARDS TO THE RECOVERY OF ANY SUCH AMOUNTS

I/WE FURTHER AGREE THAT IN THE EVENT OF A DISPUTE ARISING OUT OF ANY TRANSACTION BETWEEN US, WE CONSENT TO THE JURISDICTION OF A MAGISTRATES COURT NOTWITHSTANDING THAT THE SUBJECT MATTER OF SUCH DISPUTE MAY OTHERWISE BE BEYOND THE JURISDICTION OF COURT.

I/WE AGREE THAT OWNERSHIP OF THE GOODS BOUGHT WILL NOT PASS TO ME/US UNTIL PAYMENTS FOR SUCH GOODS HAS BEEN MADE IN FULL BY ME/US OR MY/OUR NOMINEE.

DATE: _____ **SIGNED:** _____

PLACE: _____ **NAME:** _____

_____ **DESIGNATION:** _____

(WHO WARRANTS TO BE DULY AUTHORISED
THERETO.)

PLEASE ATTACH THRE FOLLOWING DOCUMENTS COMPANY STAMP:

- VAT CERTIFICATE
- CC / COMPANY
- REGISTRATION DOCUMENTS
- FICA
- CANCELLED CHEQUE
- LETTERHEAD



HEALTH AND SAFETY CC

SURETY

I/WE (NAME) _____ HEREBY:

(A) WARRANT THAT THE INFORMATION GIVEN IS TRUE AND CORRECT, BY MY/OUR SIGNATURE (S) HERETO;

I/WE BIND MYSELF/OURSELVES TO YOU IN MY/OUR PERSONAL CAPACITY AS SURETY AND CO-PRINCIPAL

DEBTOR IN RESPECT OF ANY PRESENT OR FUTURE DEBT TO GHS INCURRED BY _____.

(B) I/WE, THE UNDERSIGNED, AGREE THAT ALL OUR DEALINGS WITH GHS HEALTH AND SAFETY CC

WILL BE ACCORDING TO THE TERMS AND CONDITIONS AS SPECIFIED IN ITS STANDARD TRADING CONDITIONS ATTACHED HERETO.

For and on behalf of:

Company/Close Corporation Name/ Partnership Sole Proprietor

Signature.....
Id. Number.....

Capacity.....Date.....

Signature.....
Id. Number.....

Capacity.....Date.....

Signature.....
Id. Number.....

Capacity.....Date.....

Signature.....
Id. Number.....

Capacity.....Date.....

1. WITNESSES _____ 2. WITNESSES _____