



# GL Specialized Inks (Pty) Ltd

PO Box 2487, Durbanville, 7551

## CREDIT APPLICATION FORM

Tel:021 9755240 Fax:021 9755241

COMPANY : \_\_\_\_\_ TRADING AS : \_\_\_\_\_

TYPE OF COMPANY (e.g. CC, PTY) : \_\_\_\_\_ REGISTRATION NO.: \_\_\_\_\_

VAT REGISTRATION NO.: \_\_\_\_\_

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

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

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

\_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_ FAX NO. : ( ) \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### DETAILS OF OWNERS/PARTNERS/DIRECTORS :

NAME : \_\_\_\_\_ ID NO.: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME : \_\_\_\_\_ ID NO.: \_\_\_\_\_ POSITION: \_\_\_\_\_

BANKERS : \_\_\_\_\_ BRANCH : \_\_\_\_\_ A/C NO.: \_\_\_\_\_

AUDITORS: \_\_\_\_\_ TEL NO.: \_\_\_\_\_

### TRADE REFERENCES :

COMPANY : \_\_\_\_\_ TEL. : ( ) \_\_\_\_\_

COMPANY : \_\_\_\_\_ TEL. : ( ) \_\_\_\_\_

COMPANY : \_\_\_\_\_ TEL. : ( ) \_\_\_\_\_

AMOUNT OF CREDIT REQUIRED (BASED ON ESTIMATED MONTHLY PURCHASES) : R \_\_\_\_\_

### TERMS AND CONDITIONS:

**ALL ACCOUNTS ARE STRICTLY 30 (THIRTY) DAYS NET FROM STATEMENT DATE, (NO SETTLEMENT DISCOUNTS ARE PERMITTED).** INTEREST WILL BE CHARGED ON ALL OVERDUE ACCOUNTS AT RULING BANK RATES.

THE APPLICANT/CUSTOMER WILL BE LIABLE FOR ALL COSTS, COLLECTION CHARGES & / OR COMMISSIONS INCURRED IN RECOVERING ANY OUTSTANDING DEBTS ON AN ATTORNEY CLIENT SCALE BASIS.

THE APPLICANT/CUSTOMER AGREES THAT, SHOULD ANY CHEQUES NOT BE HONoured BY HIS BANKERS, GL SPECIALIZED INKS (PTY) LTD HAS THE RIGHT TO FURNISH CUSTOMER DETAILS TO THE CREDIT BUREAUS / VERICHEQUE AND/OR KREDITINFORM FOR PUBLICATION AND TO CHARGE A PENALTY FEE.

I / WE THE UNDERSIGNED, DULY AUTHORISED TO ACT ON BEHALF OF THE APPLICANT DO HEREBY WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND DO HEREBY ACCEPT AND AGREE TO THE TERMS AND CONDITIONS SET OUT ABOVE WHICH CONDITIONS I / WE ACKNOWLEDGE HAVING READ AND UNDERSTOOD.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
(PLACE) (DAY) (MONTH) (YEAR)

\_\_\_\_\_  
SIGNATURE FULL NAME CAPACITY

SIGNATURE OF WITNESS \_\_\_\_\_ FULL NAME \_\_\_\_\_

COMPANY RUBBER STAMP :