

APPLICATION FORM

Type of account applied for: COD 7 DAYS

Method of payment: CASH EFT CHEQUE

Estimated value of weekly purchases R _____

Required documents: Copy of ID
Proof of Residence of owner(s)
Liquor licence (if applicable)
CC documents (if applicable)
Resolution document (if applicable)
Proof of banking

Business Particulars

Trading Name of Applicant _____

Registered Name of Applicant _____

Public Co Private Co (Pty Ltd) CC Partnership Sole Trader

Registration No _____ Liquor Licence No _____ Vat No _____

Nature of Business: Wholesale Retail On Consumption

Contact Person: Orders _____ Accounts _____ Tel No _____

Cell _____ Fax No _____ E-mail _____

Postal Address

Physical Address

_____ Code _____

_____ Code _____

Banking details:

Account holder: _____

Bank name: _____

Branch name: _____

Branch code: _____

Account number: _____

Particulars of Directors/Partners/Owners/Shareholders/Members of Applicant

Tick appropriate block

Directors	Partners	Owners	Shareholders	Members
-----------	----------	--------	--------------	---------

➤ Name _____ ID No _____ State % Interest & Title _____
Marital Status _____ Telephone No _____ Cell _____
Physical Address _____ Particulars if ever insolvent _____

_____ Code _____

➤ Name _____ ID No _____ State % Interest & Title _____
Marital Status _____ Telephone No _____ Cell _____
Physical Address _____ Particulars if ever insolvent _____

_____ Code _____

Initial

➤ Name _____ ID No _____ State % Interest & Title _____
Marital Status _____ Telephone No _____ Cell _____
Physical Address _____ Particulars if ever insolvent _____

_____ Code _____

➤ Name _____ ID No _____ State % Interest & Title _____
Marital Status _____ Telephone No _____ Cell _____
Physical Address _____ Particulars if ever insolvent _____

_____ Code _____

Credit references

Company Name	Contact Person	Contact Number	Credit limit

Applicant's Agreement

By signing this application form I admit authorisation as a signatory for the company and/or personal liability.

I hereby confirm that all details supplied above are correct and true. I acknowledge that I have read and understand the terms and conditions on this credit application. I will abide by the rules governing the Captain Liquor Distributors account and undertake to pay my indebtedness to Captain Liquor Distributors as and when required.

CREDIT APPLICATION CONSENT CLAUSE

The credit grantor may perform a credit information search on me/us at a credit information bureau of the grantors' choice. Monitor my/our payment behaviour by researching my/our record at one or more credit information bureaux. Use new information and data obtained from a credit information bureau in respect of my/our future credit applications. Record the existence of my/our account with any credit information bureau. Record and transmit details of how I/we have performed in terms of this agreement reflecting how the account has been conducted by me/us in meeting my/our obligations in terms of this account.

The Credit Applicant acknowledges and agrees that any information regarding my/our credit worthiness, defaults in payments to the credit grantor, and details of how I/we have conducted the account with the credit grantor may be disclosed to any other creditor of the applicant and/or to one or more credit information bureaux.

NAME: _____

ID NUMBER: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

<u>For office use:</u>	
Facility Approved: Yes / No	Account nr: _____
ITC check done: Yes / No	Rep code: _____
Terms: _____	Account group: _____
Credit Limit: _____	
Date: _____	Account approved by: _____