

CREDIT APPLICATION FORM



LASER INK IT MAINTENANCE SPECIALISTS

Meadowview Office Park,
Unit 4, 79 Watt Street,
Meadowdale

P.O. Box 202, Bedfordview, 2008
Tel: (011) 392-1595
Fax: (011) 392-1601

Trading name of Business		VAT Registration No	
Registered name of Business		Business Reg. no.	
Business activity			
Physical Address		Code	
Postal Address		Code	
Tel no		Fax No	E-mail address
Premises			
Landlord details		Name, Address, Tel.	
Details of Directors (Please tick)			
Members		Partners	Other
1. Full name		ID No	
Residential Address			
2. Full name		ID No	
Residential Address:			
3. Full name		ID No	
Residential Address			
Date of commencement of business			
Auditors Name		Tel no	
Bankers details:			
Institution	Branch	Date opened	
Account type	Account Name	Account no	
Trade Reference 1			
Name		Tel area code and no	
Address		Credit limit R	
Trade Reference 2			
Name		Tel area code and no	
Address		Credit limit R	
Trade Reference 3			
Name		Tel area code and no	
Address		Credit limit R	
Credit Limited Required			
R2 000	R5 000	R10 000	
R20 000	R50 000	Other	
Account contact person		Position	

For Account Use:	Approved as - ASP	Reseller	Dealer

I / We accept that I / we shall be responsible for all costs (including Attorney and Client fees where applicable) involved in the recovery of any overdue amount owed by me/us and shall pay interest charges on the same at prime bank rates + 2%. I / We consent to the jurisdiction of the Magistrates Court at Randburg of all action taken against me/us irrespective of the amount involved. I / We agree that I / we have read and understood all of the above and agree to be bound by it. I / we specifically acknowledge that all goods sold by Laser ink will remain the property of Laser ink until fully paid for and further that Laser ink is a preferred creditor in this regard. I / We (the Directors) do hereby sign as surety and Co-principle Debtor of the due fulfillment of the Company's obligation to Laser Ink.

Authorised Signatory _____ Designation _____ Date _____ Witness _____

I hereby certify that all the above information is correct
 COPY OF MEMBERS ID'S REQUIRED

Name _____