



P O Box 5132 West Beach 7448 Unit 9 Protea Place, Prime Park, 13 Printers Way, Marconi Beam
Tel:021 5552024 Fax:021 5520050
Registration Number 2018/052415/07
VAT Number 4610282305

CUSTOMER ACCOUNT APPLICATION

REGISTERED NAME: _____

REGISTRATION NO: _____

TRADING NAME: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

POSTAL CODE: _____ EMAIL ADDRESS _____

VAT REG NUM: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNT:

CONTACT NUMBERS: PH. () _____ FAX:() _____

CELL: _____

NATURE OF BUSINESS _____

NAME, ADDRESS(ES), ID NUMBER(S) AND CONTACT DETAILS OF OWNER/PARTNER/DIRECTORS

	ID NUMBER	CONTACT NUMBER
1)		
2)		
3)		

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TRADE REFERENCES:

1 NAME OF SUPPLIER _____

ADDRESS: _____

AVE. MONTHLY PURCHASES _____ PH NUM: _____

2 NAME OF SUPPLIER _____

ADDRESS: _____

AVE. MONTHLY PURCHASES _____ PH NUM: _____

CREDIT REQUIRED: _____

BANK DETAILS:

BANKERS NAME _____

ACCOUNT NO: _____

BRANCH CODE: _____

1

COD	EFT - PAY NEXT DAY	EFT - PRIOR DELIVERY	CURRENT - PAYMENT ON STATEMENT	30 DAYS FROM STATEMENT
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2 Ownership of goods shall not pass to the customer and shall be reserved to the Supplier until such time as full payment for the goods purchased has been received. The parties further agree that the risk shall pass to the customer immediately upon receipt of the said goods.

3 The customer hereby acknowledge that should any amount not be paid on the due date, the entire balance outstanding will immediately become due and payable without any notice. Interest on overdue accounts will be levied at ruling prime overdraft rate plus 3% p.a.

4 The signatory/ies have renounced the benefits of exclusion and division and hereby binds himself/herself/themselves jointly and severally and co-principle debtor/s in solidum with the Customer for it's obligation to the Supplier.

5 If Caterlink is compelled to take legal action in order to recover any amount in arrears in terms of this Agreement, the Applicant (and the Applicants representative) agrees to accept all responsibility for all legal costs incurred by either or both parties due amongst others, collection and/or tracing costs, as well as fees for attorneys on own client basis

I the undersigned _____ in my capacity as an authorised representative of the Debtor, hereby make application for credit facilities with the Creditor and agree to accept the conditions of sale stated herein.

Dated at _____ on this _____ day of _____

Signature _____
(Being duly authorised to sign on behalf of the Applicant Company)

Name: _____

WITNESS _____