

CREDIT APPLICATION



Cee Vee Transport Consultants SA Pty Ltd

Reg no: 2013/037841/07

Vat no: 4410 264 818

P O Box 344

Pennington

4184

Tel: 039 9753140

The following documents needs to be returned for approval:

1.	Credit Application Form
2.	Addendum: Questionare
3.	Company or Close Corporation Registration Documents
4.	Vat certificate
5.	Current Tax Clearance Certificate
6.	Copies of ID's of directors or members
7.	Letter of authority to appoint a representative to sign the credit application on behalf of the directors or members



**CEE VEE TRANSPORT CONSULTANTS SA (PTY)
LTD**

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COMPANY REG. 2013/037841/07
VAT REG. 4410 264 818

CREDIT APPLICATION FORM

FULL NAME OF APPLICANT (Legal entity) _____

TRADING NAME: _____

NATURE OF BUSINESS: _____

POSTAL ADDRESS: _____

_____ Code _____

DELIVERY ADDRESS: _____

_____ Code _____

DATE COMPANY ESTABLISHED: _____

TEL: _____ FAX: _____ CELL: _____

EMAIL (OPERATIONS) _____ (ACCOUNTS) _____

NAME OF ASSOCIATED COMPANIES/BUSINESS: _____

STATE WHETHER OWNER OF APPLICANT IS SOLE PROPRIETOR, A PARTNERSHIP, A REGISTERED COMPANY OR CLOSED CORPORATION: _____

COMPANY REGISTRATION NO: _____

NAME OF AUDITORS: _____

TEL NO: _____

ADDRESS: _____ CODE: _____

DETAILS OF PROPRIETORS, PARTNERS OR DIRECTORS (Name, Address, ID no, Tel no.)

- _____

- _____

- _____

STATE WHETHER EVER INSOLVENT: _____

DATE REHABILITATED: _____

BANKING DETAILS

NAME OF BANK: _____

ACCOUNT NO: _____

BRANCH NO: _____

TRADE REFERENCES

COMPANY	TEL NUMBER	FAX NUMBER	CONTACT

- CUT – OFF DATE FOR RECEIVING INVOICES : _____
- DO YOU ACCEPT SCANNED AND EMAILED COPIES OF INVOICES AND DELIVERY NOTES TO MEET YOUR CUT OFF FOR PAYMENT ? : Y / N
- WE DO NOT SEND OR POST INVOICES. ALL INVOICES AND POD'S WILL BE EMAILED TO YOU ELECTRONICALLY UNLESS SPECIFICALLY ASKED FOR.
- IS YOUR PAYMENTS DONE ELECTRONICALLY? Y / N
- PAYMENT TERMS (ie CASH, 7DAYS) _____
- WHAT DATE DO YOU MAKE PAYMENT? : _____
- ON WHAT DAY OF THE MONTH DO YOU RECONCILE THE ACCOUNT FOR PAYMENT _____

(WE WOULD LIKE TO CALL YOU IN THE MIDDLE OF THE MONTH TO ENSURE THAT YOU HAVE ALL OUR INVOICES & P.O.D's FOR PAYMENT, AS WE WOULD LIKE TO AVOID UNNECESSARY QUERIES AT THE END OF THE MONTH)

- **NO CHEQUES ACCEPTABLE**

MAXIMUM CREDIT REQUIRED: _____

VAT NUMBER : _____

NAME AND TITLE OF PERSON RESPONSIBLE FOR HANDELING ACCOUNT QUERRIES AND PAYMENTS. _____

I/WE WARRANT THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT IN EVERY RESPECT. I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD THE STANDARD TRADING TERMS AND CONDITIONS ATTACHED HERETO AND AGREE THAT SUCH TERMS AND CONDITIONS SHALL BE BINDING UPON ME/US/THE COMPANY IN RESPECT OF ALL TRANSACTIONS ENTERED INTO NOW AND HEREAFTER BETWEEN MYSELF/OURSELVES THE COMPANY AND CEE VEE TRANSPORT CONSULTANTS. I/WE ACCEPT THE TERMS OF CREDIT, BEING 7 DAYS .

I/WE FURTHER WARRANT THAT I/WE HAVE THE NECESSARY AUTHORITY TO BIND THE COMPANY TO ATTACHED TERMS AND CONDITONS FOR THE GRANTING OF CREDIT FACILITIES.

SIGNED: _____ **DATE:** _____

NAME: _____ **CAPACITY:** _____

COMPANY STAMP:

For office use only:

Authorised: Credit Guarantee: _____

Authorised: Statutory Documens: _____



CEEVEE TRANSPORT CONSULTANTS SA PTY LTD

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 MARIETJIE@CEEVEE.CO.ZA

Dear Client

Alongside the credit application, our company will require a few more details in order to open your account with us. Kindly complete below and mail back please.

CUT OFF DATE FOR RECEIVING INCOIVES	
DATE RECONCILLIATIONS ARE PREPARED	
PAYMENT DATE	
NAME OF PERSON RESPONSIBLE FOR HANDLING QUERIES/PAYMENT	
CONTACT NUMBER FOR ABOVE	
EMAIL ADDRESS OF ABOVE	
ARE SCANNED AN EMAILED DOCUMENTS FOR PAYMENT ACCEPTABLE (YES/NO)	
ORIGINAL DOCUMENTS TO BE REGISTER POSTED TO YOU AT MONTH END	
ARE COPIED PODs ACCEPTABLE (YES/NO)	
SPECIFIC REQUIREMENTS FOR INVOICING	

 NAME OF REPRESENTATIVE

 CAPACITY OF REPRESENTATIVE

 SIGNATURE OF REPRESENTATIVE