



Bontebok Limeworks (Pty) Ltd t/a P & B Lime Works
Tel: +27 (0)28 424 1157, Faks/Fax: +27 (0)28 424 1428
sales@pandblime.co.za, www.pandblime.co.za

Posbus 2, Bredasdorp, 7280, Suid-Afrika
P.O. Box 2, Bredasdorp, 7280, South Africa
Swellendamweg/Road, Bredasdorp

APPLICATION FOR INCIDENTAL CREDIT BY COMPANY/CC/TRUST

A: PARTICULARS OF CREDIT APPLICANT (Block letters)

1 NAME OF COMPANY

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2 TYPE OF BUSINESS

COMPANY	CLOSED CORPORATION	TRUST
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3 DESCRIPTION OF BUSINESS ACTIVITIES

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4 LIST OF DIRECTORS/
MEMBERS OR TRUSTEES

A			
FULL NAMES		ID NR	
FULL NAMES		ID NR	
FULL NAMES		ID NR	
FULL NAMES		ID NR	
FULL NAMES		ID NR	
FULL NAMES		ID NR	
FULL NAMES		ID NR	

5 BANKING DETAILS

Bank	
Branch	
Account Number	
Account Type	

6 VAT NR

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7	REGISTRATION NR			
8	ACCOUNT / CONTACT PERSON			
9	PURPOSE OF PURCHASE			
10	PHYSICAL ADDRESS			
			Postal Code:	
11	POSTAL ADDRESS			
			Postal Code:	
12	CONTACT DETAILS	Office		
		Cel		
		Fax		
13	EMAIL ACCOUNTS			

B: CREDIT HISTORY

Have reckless credit ever been awarded to you?

YES	NO
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C: CREDIT REFERENCES

COMPANY NAME	CONTACT PERSON / ACCOUNT NR	TELEPHONE NUMBER

D: CREDIT APPLICATION

1 **CREDIT LIMIT**

CREDIT LIMIT REQUESTED

Terms of facility

STRICTLY THIRTY (30) DAYS FROM STATEMENT

2 **PRODUCT TYPE AND QUANTITY REQUESTED**

E: DECLARATION

I, _____ in my capacity as authorised Director of the Credit Applicant, declare that the

(i) statement issued by the Credit Controller as the truth and the correct version of the Credit Controllers financial state and responsibilities on the understated date
PLEASE NOTE: Resolution for authorisation from Directors, members, Trustees must be provided

(ii) I / we the undersigned certify and declare the above information on this application form is completed in full and that it is correct



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	APPLICANT	WITNESS
SIGNATURE		
FULL NAME		
DESIGNATION		