



## Application for a Credit Account

Tel: (021) 531-3000  
 Fax: (021) 532-3000  
 info@parceljet.co.za

**Contact details:**

Full registered name of business:		
CC / Company registration number:	Vat No:	
Physical delivery/collection address:		
Postal address:		Post Code:
Contact person for deliveries/collections:		
Tel:	Fax:	E-Mail:
Contact person for account payments		E-Mail:
Tel:	Fax:	Cell number:
Landlord:	Address:	

**Trade references:**

1.	Tel:	Contact:
2.	Tel:	Contact:

**Proprietors/Directors/Members/Partners details:**

1. Full name:	ID number:
Address:	Tel no:
2. Full name:	ID number:
Address:	Tel no:

**Financial details:**

Auditors/Accountants:	Address:
Bankers:	Branch Code:
Account number:	Date account opened:
Credit limit requested:	(per month)

I/We hereby certify awareness of this application and authorise the opening of account facilities in the name of the above-mentioned entity.

We acknowledge your terms are **STRICTLY 30 DAYS** from date of statement.

Authorised signatory: \_\_\_\_\_ Full names: \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2010,  
 before the undersigned witnesses.

Signature: 1. \_\_\_\_\_ Full name: \_\_\_\_\_

2. \_\_\_\_\_ Full name: \_\_\_\_\_