Dear Valued Customer,

Please find herewith attached the Credit Application Form for your attention. Please complete all required fields before submitting to Charity Mhlanga in our Credit Vetting Department.

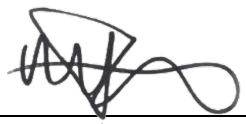
Contact details as follows;
charity@pienaarbros.co.za
(T) 011 824 2384 ext 1201
(F) 086 618 2193

We require the following documentation upon submission of your Application Form;

- A valid Tax and VAT Clearance Certificate.
- Confirmation of Banking Details in the form of a Bank Letter.
- Company Registration Documents
- Certified copy of Director/s and or the Applicant ID.
- Company Letterhead
- Please ensure you have valid Trade References, no cell phone numbers please.
- The turn-a-round time for applications is 48 Hours, should all information submitted be verifiable.

Should you require any further information please do not hesitate to contact Charity Mhlanga.

Yours Sincerely,



MATTHEW PETIT
GROUP CHIEF FINANCIAL OFFICER

APPLICATION FOR CREDIT FACILITY

I/We _____("the debtor" or "the customer") hereby make application for credit from Brian Pienaar North (Pty) Ltd, t/a Pienaar Bros North, Reg No 1999/000175/07 ("the creditor" or "the supplier") and agree to be bound by the following terms and conditions should credit be granted:

1. All accounts are to be settled within 30 days from statement date.
2. The supplier will remain the owner of all goods purchased until full payment thereof has been received, and reserves the right to recover possession of all goods not fully paid for by the due date.
3. The customer shall be liable to pay all legal and / or collection costs on the attorney / client scale including collection charges incurred by the supplier in respect of any dispute, which may arise between the supplier and the customer arising from this contract.
4. The customer hereby consents to the jurisdiction of the Magistrates' Court in respect of any action to be instituted against it pursuant to this contract. It shall nevertheless be entirely within the supplier's discretion as to whether to proceed against the customer in such Magistrates' Court or any other court having jurisdiction.
5. I / We warrant that I am authorized to make this application on behalf of the debtor.
6. I warrant that the details of the debtor as in the attached appendix are true and correct in every respect.
7. I agree that the credit limit specified in the appendix may be increased from time to time without limiting the creditor's right to recover any outstanding amounts.

Signed at _____on this _____day of _____20 ____

Signature _____Name: _____

Capacity _____As witnesses: 1. _____

2. _____

Please complete the attached annexures 'A' and 'B' as well.

ANNEXURE "A"

Trading Name of Applicant _____

Registered Name of Company _____

Co Registration No _____

Date Commenced Business _____ Vat No _____
(please attach certificate)

Postal Address _____

Physical Address _____

Tel No _____ Fax No _____

Accounts Tel No _____

Contact Person 1 _____ 2 _____

E-mail Address 1 _____ 2 _____

Directors Names 1 _____ ID nr. _____

2 _____ ID nr. _____

3 _____ ID nr. _____

Bankers _____ Branch _____

Account No _____ Branch Code _____

Trade Reference 1 _____ Tel: _____

2 _____ Tel: _____

3 _____ Tel: _____

Credit Limit Applied For _____

Applicant type (tick one): ☐ End user ☐ Reseller

Please include copies of a cancelled Cheque/Letter from the bank, Company Registration documents, Company Letterhead, Tax and VAT Certificates, Copy ID Documents of Directors

ANNEXURE "B"

NATIONAL CREDIT ACT COMPLIANCE

As informed by the media and various financial institutions over the past couple of months, it has become necessary to obtain the following from our valued customers in order to conform to the requirements of the new National Credit Act. We require your consent regarding the under mentioned:

1. Requesting of a bank code from your bankers as and when required.

2. Performing of additional credit checks and responding to trade references on your company as may be required from time to time.

Please sign, at your earliest convenience, your acceptance of the above conditions:

Company Name _____

Company Registration No. _____

I, the undersigned _____ (print name in full)

do hereby agree to all of the above.

Signed at _____ on this _____ day of _____ 20 _____

Signature _____
(Duly Authorised Signatory)

Office Use Only Branch: _____ Rep: _____

Branch Manager: _____

ANNEXURE "C"

PLEASE ASSIST WITH THE BELOW INFORMATION

CUSTOMER CONTACT DETAILS

Head of Procurement:

1. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

Buyers:

1. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

2. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

3. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

Safety Officers/ Representative:

1. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

2. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

3. Name and Surname: _____
   Tel Number: _____
   Email Address: _____

Occupational Health and Safety Rep:

1. Name and Surname: _____
   Tel Number: _____
   Email Address: _____