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Members: A.W. Dike

CREDIT APPLICATION

Company Close Corporation Partnership Sole Trader Other: _____

Please attach copy of * **VAT registration form** * **Directors/Members/Partners Identity Document**
* **Company/close corporation documents** (eg CK1, CK2, CM1 & CM46)

Company Details			
Registered Name		Trading Name	
Registration No.		VAT Reg. No.	
Registered Address			
Physical Address	_____ _____ _____ Code _____	Postal Address	_____ _____ _____ Code _____
Telephone		Facsimile	
E-mail Address			
Bankers		Account No.	
Branch Name		Branch Code	
Sales Person		Telephone No.	
Accounts Person		Telephone No.	
Accounts E-mail			
Nature of business			
Auditors (incl tel no)			
Credit Limit Required		Approved	

Directors/Members/Partners Details			
Name		ID No.	
Physical Address			
Name		ID No.	
Physical Address			

Trade References			
1. Name		Contact & Telephone	
2. Name		Contact & Telephone	
3. Name		Contact & Telephone	

I _____ (print name of person completing application) warrant that the information furnished above is true and correct in every respect. I warrant that I am duly authorised to complete this Credit Application Form. By signing hereto I grant AMD Engineering cc permission to perform any credit checks it may deem necessary.

Date: _____ Signature: _____

Settlement Terms: Per arrangement and stated as _____
All goods remain the property of AMD Engineering cc until paid for in full.

Office Use Only