



Contract Agreement

Company _____

Wolff Logistics (PTY) LTD

Reg No 2010/014961/07

VAT Reg. No. 4500258571

979 Paul Kruger street Mayville Pretoria P O Box 30203 Wonderboompoort 0033 Tel: (012) 335 1241 Fax (086 530 0793)

E-mail gary@wcv.co.za / Website www.wcv.co.zaAccount
No.**CREDIT APPLICATION / UNDERTAKING TO TRADE**
(A Surety Agreement is included in this Credit Application)

GENERAL INFORMATION										
FULL REGISTERED COMPANY NAME										
TRADING NAME (IF NOT AS ABOVE)										
OTHER TRADING NAMES IF ANY										
<input type="checkbox"/> PUBLIC COMPANY		<input type="checkbox"/> (PTY) COMPANY		<input type="checkbox"/> CLOSE CORPORATION		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> SOLE OWNERSHIP		
DATE OF REGISTRATION/ INCORPORATION/ESTABLISHMENT				REGISTRATION NUMBER						
ISO CERTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO				VAT NUMBER						
PHYSICAL ADDRESS "applicants <i>domicilium citandi</i> address"					POSTAL ADDRESS					
			CODE					CODE		
TELEPHONE NUMBER						FAX NUMBER				
CELLPHONE NUMBER						E-MAIL ADDRESS				
FULL NAMES OF DIRECTORS/MEMBERS/PARTNERS/OWNER										
1.		2.		3.						
I.D No.		I.D No.		I.D No.						
CONTACT: FINANCE (1)					POSITION					
NAME OF AUDITORS			DATE OF APPOINTMENT		TELEPHONE NUMBER:					
ARE AUDITED FINANCIAL STATEMENTS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH A COPY TO THIS FORM										
NATURE OF BUSINESS										
PREMISES					<input type="checkbox"/> FACTORY <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> SHOP <input type="checkbox"/> OFFICES <input type="checkbox"/> PRIVATE HOUSE					
ARE PREMISES					<input type="checkbox"/> OWNED BY APPLICANT <input type="checkbox"/> OWNED BY ASSOCIATED COMPANY <input type="checkbox"/> RENTED					
FINANCE DETAILS										
MAXIMUM CREDIT REQUIRED - PER MONTH				R						
PAYMENT TERMS - STRICTLY NETT										

OFFICE USE ONLY

Rep Code:	Industry code:	Segment code:	Local segment abbrev.	District:	Sales Div:	Discount Code:

TRADE REFERENCES (name & telephone number of four active & current major suppliers)

	NAME	TELEPHONE NO.	R- VALUE
1			
2			
3			
4			

BANKING DETAILS

BANKERS		BRANCH	
ACCOUNT NUMBER		BRANCH CODE	

VISIT ADDRESS

TELEPHONE (PURCHASING)			
FACSIMILE (PURCHASING)			
CONTACT NAME (PURCHASING)			
Do you accept partial deliveries?			
Do you accept partial invoicing?			
Special Invoicing Requirements			
Multiple Statements	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
After hours buying procedure/ Delivery			

CONDITIONS OF CREDIT

- To abide by the General Conditions of Sale of Wolff Logistic (Pty) Ltd, which I/We acknowledge myself/ourselves to be fully acquainted with.
- To make payment for all purchases within 1 day of the date of the Statement relating thereto.
- That the conditions contained herein and in the General Conditions of Sales of Wolff Logistics (Pty) Ltd, may only be varied in writing by both parties, and shall be the basis of all future contracts between the parties and must be signed by both parties.
- To allow Wolff Logistics (Pty) Ltd to make credit enquiries on the applicant by contacting various sources such as references, banks and any other information as supplied by the applicant to access any/all Credit Bureaus data bases prior to and or after granting credit; report on the conduct of the account to all Credit Bureaus and any other interested persons who require this information for the purposes of credit assessment.

TO BE COMPLETED BY OWNER/PARTNER/DIRECTOR/MEMBER

I, _____, hereby certify that I am duly authorised to sign this Credit Application/Undertaking to Trade, a copy of which has been handed to me, and record that I agree to the terms and conditions set out in Conditions of Credit above and confirm having read the Standard Trading Conditions printed overleaf, which have been specifically brought to my attention and by which I do agree to be bound.

SIGNED _____

COMPANY RUBBER STAMP

DESIGNATION _____

NAME _____

DATE _____