



Reg No 2009/022205/07

VAT Reg No 4710255821

Design Quarter, The Business Centre Leslie Ave, Fourways, 2055 | P.O. Box 2665, Lonehill, 2062 | Tel: (011) 513 3565 | Fax 086 555 1120

Website: www.ambittech.co.za

Account No:

CREDIT APPLICATION / UNDERTAKING TO TRADE

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					
			REGISTRATION NUMBER		
ISO CERTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO			VAT NUMBER		
PHYSICAL ADDRESS " applicant's domicilium citandi address"			POSTAL ADDRESS		
		CODE			CODE
TELEPHONE NUMBER				FAX NUMBER	
CELLPHONE NUMBER				E-MAIL ADDRESS	
FULL NAMES OF DIRECTORS/MEMBERS/PARTNERS/OWNERS					
1		2		3	
I.D. NO		I.D. NO		I.D. NO	
4		5		6	
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)					
DOES YOUR ANNUAL TURN-OVER OR ASSET VALUE EXCEED R3 000 000? <input type="checkbox"/> YES <input type="checkbox"/> NO					
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 - 30 DAYS FROM DATE OF MONTHLY STATEMENT					
TRADE REFERENCES (name & telephone number of three active and current major suppliers)					
NAME		TELEPHONE NUMBER		R - VALUE	
1					
2					
3					



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			
<p>To abide by the Terms and Conditions of Ambit Technology, which I/We acknowledge myself/ourselves to be fully acquainted with.</p> <p>To make payment for all purchases within 30 days of the date of the invoice relating thereto.</p> <p>That the conditions contained herein and in the Terms and Conditions of Ambit Technology, 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.</p> <p>To allow Standard Bank of SA Ltd on behalf of Ambit Technology 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.</p>			
TO BE COMPLETED BY OWNER / PARTNER / DIRECTOR / MEMBERS			
<p>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 Terms and Conditions printed overleaf, which have been specifically brought to my attention and by which I do agree to be bound.</p>			
SIGNED	_____		COMPANY RUBBER STAMP
DESIGNATION	_____		
NAME	_____		
DATE	_____		