

Head Office Cape Town

14 Gateway Close, Capricorn Business Park
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Sales Office Johannesburg

Northgate Office Park, Building 1B Unit 05
618 Aureole Avenue, Northgate, 2194, South Africa
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Email: info@flash.za.com, www.flash.za.com

Banking Details: FNB
Account Number: 620 529 66482
Branch Code: 201009
Vat Number: 4470207095

Credit Application Form

Goods Remain The Property of FLASH COMPONENTS Until Paid In Full

A. Please specify whether you are part of a buying group: YES NO

If yes, please specify name of group

(Please tick X in the applicable box)

B. Details of debtor – “the applicant” (Application for credit facilities)

FULL NAME

(Please enter the registered name of the company, close corporation or name of owner if sole trader)

LEGAL ENTITY: (PTY) LTD LTD CC PARTNERSHIP SOLE PROPRIETOR TRUST

(Please tick X in the applicable box)

If other, Please Specify

TRADING NAME

(Please enter the name of the business or shop as it appears on the signage)

REGISTRATION NUMBER

(Legal Entity Registration Number, **please attach copy of certificate**)

DEBTOR ACCOUNT NUMBER
(for office use only)

Physical Address (For Delivering Goods):

Province:

Area Code:

Postal Address (If different from physical address):

Province:

Postal Code:

Telephone Number: ()

Fax: ()

(Please add area code)

E-Mail Address:

Cell:

VAT REGISTRATION NO:
(Please attach copy of certificate)

C. Credit Limit Requested

Limit Requested:

(Estimated monthly sales times two)

TERMS: 30 DAYS FROM DATE OF STATEMENT (NO SETTLEMENT DISCOUNT)

Bank Name:

Branch Name:

Bank Account Number:

Branch Code:

(Please attach a copy of cancelled cheque/bank confirmation letter)

D. Trade References

(Please provide references to the same value or more that the credit limit requested)

Company Name	Telephone Number	Comments
1.		
2.		
3.		

Full Name of Directors, Members & Owners	Telephone / Cell Numbers	ID Number (Please attach copies of ID's)
1.		
2.		
3.		

E. Contact Names

BUYER

NAME

Telephone Number: ()

Fax: ()

(Please add area code)

E-Mail Address:

Cell:

ACCOUNTS

NAME

Telephone Number: ()

Fax: ()

(Please add area code)

E-Mail Address:

Cell:

NAME & SURNAME:	DESIGNATION:
(Block Letters)	
DATE:	OWNER / SENIOR MANAGEMENT SIGNATURE: