



*Synergy at your service*

**CREDIT APPLICATION**

[www.concarga.com](http://www.concarga.com)

Sharecall: 0860 25 26 27

Webfax 0866 53 65 12

# Credit Application

## 1. TYPE OF BUSINESS

- (a) Sole Proprietor       (b) Partnership       (c) Close Corporation   
 (d) Private Company       (e) Public Company

## 2. REGISTERED NAME / LEGAL ENTITY

Registered Name "Customer"			
Trading Name			
Registration Number		VAT Registration Number	
Physical Address		Postal Address	
	Code		Code
Telephone Number		Facsimile Number	
E-mail Address		Internet Address	
Holding Company		Subsidiary Company	
Auditors Name			

## 3. PERSONAL INFORMATION OWNERS / PARTNERS / MEMBERS / DIRECTORS

### 3.1 FULL NAMES

First Names		Surname	
		Identity Number	
Residential Address			
		Code	
Postal Address		Code	
Work Telephone Number		Cellular Number	

### 3.2 FULL NAMES

First Names		Surname	
		Identity Number	
Residential Address			
		Code	
Postal Address		Code	
Work Telephone Number		Cellular Number	

### 3.3 FULL NAMES

First Names		Surname	
		Identity Number	
Residential Address			
		Code	
Postal Address		Code	
Work Telephone Number		Cellular Number	



**4. BANKING DETAILS**

Name of Bank	<input type="text"/>	Branch	<input type="text"/>
Account Name	<input type="text"/>	Branch Code	<input type="text"/>
Bank Account Number	<input type="text"/>	Date Account Opened	<input type="text"/>

**5. TRADE REFERENCES**

Name	<input type="text"/>	Telephone Number	<input type="text"/>
Name	<input type="text"/>	Telephone Number	<input type="text"/>
Name	<input type="text"/>	Telephone Number	<input type="text"/>

**6. CREDIT LIMIT REQUIRED**

Amount in words  R

**Note:**  
 No credit facilities will be granted to partnerships, close corporations and or private companies without a personal suretyship signed and completed in full by all the members or directors or partners where applicable.

**7. ACCOUNT MANAGERS**

**PERSON RESPONSIBLE FOR OPERATIONS/LOGISTICS**

First Name	<input type="text"/>	Surname	<input type="text"/>
Telephone Number	<input type="text"/>	Facsimile Number	<input type="text"/>
Cellular Number	<input type="text"/>	Email Address	<input type="text"/>

**PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT**

First Name	<input type="text"/>	Surname	<input type="text"/>
Telephone Number	<input type="text"/>	Facsimile Number	<input type="text"/>
Postal address to which account to be sent	<input type="text"/>		
For Attention	<input type="text"/>		

**8. TRANSIT INSURANCE**

Are your goods self insured?  Yes  No

If 'No', do you require Fiduciary Financial Services to obtain all risk cover on all shipments?  Yes  No



Fiduciary Financial Services, our in-house independent insurance company, offer transit insurance on request. Please visit our website [www.fiduciary.co.za](http://www.fiduciary.co.za) for more information.

Fiduciary Financial Services is an authorised financial services provider (licence number 8457). Please contact us on Sharecall 0860 25 26 27 or email us for a quote: [info@fiduciary.co.za](mailto:info@fiduciary.co.za)



**9. STANDARD TRADING TERMS AND CONDITIONS**

Please note that these conditions will apply in respect of each and every shipment or other service undertaken by Concargo (Pty) Ltd and Concargo (Gauteng) (Pty) Ltd for its Customer. These conditions are available to any Customer upon request. If required they will be posted to you or e-mailed to you or they may be inspected at our offices. Furthermore each of the relevant terms and conditions are available for inspection on our website being [www.concarga.com](http://www.concarga.com)

By signing this credit application form, the Customer agrees and undertakes to be bound in every respect by the applicable terms and conditions in respect of Concargo (Pty) Ltd and Concargo (Gauteng) (Pty) Ltd.

Signed at  on this day  of  200

**I/We declare that I/we have read and understand this credit application form and in particular clause 9 hereof. I/We confirm that the contents are true and correct and I/we furthermore agree to be bound by the Standard Terms and Conditions referred to in clause 9 above.**

**1. Signed by Owner/Partner/Member/Director**

Name   
Signature

**2. Signed by Owner/Partner/Member/Director**

Name   
Signature

**3. Signed by Owner/Partner/Member/Director**

Name   
Signature

**4. Signed by Owner/Partner/Member/Director**

Name   
Signature

**Company Stamp**

**1. Witness**

Signature   
Date

**2. Witness**

Signature   
Date



## DEED OF SURETYSHIP

I/We (the undersigned)

Do hereby bind myself/ourselves jointly and severally unto and in favour of Concargo (Pty) Ltd and Concargo (Gauteng) (Pty) Ltd (hereinafter referred to as the "Creditor/s") as sureties and co-principal debtor/s in solidum with

(hereinafter referred to as the "Principal Debtor") for the due and punctual payment by the Principal Debtor to the Creditor/s of any amount which now or which may hereafter become owing by the Principal Debtor to the Creditor/s from any cause of indebtedness howsoever arising and for the fulfilment of the Principal Debtor's obligation to the Creditor/s.

For the purpose of any action against me/us a certificate by a Director or Manager of the Creditor/s (whose appointment qualification and/or authority need not be proved), as to the amount owing by the Principal Debtor to the Creditor/s and of the fact that the due date for payment of same has arrived shall be prima facie proof both of the existence of the debt as well as the amount owing.

I/We hereby consent to the jurisdiction of the Magistrate's Court in respect of any action which the Creditor/s may institute against me/us in terms hereof. Notwithstanding the foregoing the Creditor/s shall be entitled at its own discretion to take such legal action in any court of competent jurisdiction and in either event the Creditor/s shall be entitled to recover its costs on the scale as between attorneys and own client.

I/We select domicilium et executandi as

at which address all monies and communication may be addressed to me/us and I/we agree that all notices addressed to me/us at the said address and dispatched by prepaid registered post shall be deemed to have reached me/us on the fourth day after the date of posting.

The liability of one of us mentioned above is not dependant upon the signature of the other of us. I/We furthermore agree and undertake that in the event of the liquidation or sequestration of the Principal Debtor, I/we will not prove a claim, howsoever arising, against the Principal Debtor until and unless all and any amounts owing by the Principal Debtor or by me/us to the Creditor/s have been paid in full. No extension of time, indulgence or waiver afforded by the Creditor/s to the Principal Debtor nor any other arrangement between them shall prejudice the rights of the Creditor/s rights against me/us.

Signed at

on this day

of

200

### 1. Owner/Partner/Member/Director

Name

Signature

### 2. Owner/Partner/Member/Director

Name

Signature

### 3. Owner/Partner/Member/Director

Name

Signature

### 4. Owner/Partner/Member/Director

Name

Signature

### 1. Witness

Signature

Date

### 2. Witness

Signature

Date

### Company Stamp

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**FOR OFFICE USE ONLY**  
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Approved  Date

Declined  Date

**Financial Director/Manager**

Name   
Signature

Credit Limit  R   
Acc Code

Account Number   
Account Opened

**NOTES**