TEL: 011 796 5040
FAX: 011 704 0218
www.apexint.co.za
sales@apexint.co.za

APPLICATION FOR CASH/CREDIT FACILITIES

Trading Name:	Tel. No.:	Fax No.:

Principal Business Address	Postal Address	Trading Entity - Please Tick		
		(Pty) Ltd	Close Corporation	Sole Proprietor
		VAT Number:		
		Company Registration Number:		
		Email Address:		
		Is gaming your principal business Yes ☐ No ☐		
		Number of Directors:		
Delivery Address:		How long has business operated under present management?		

Names of Directors/Members/Owners/Partners:	Residential Address:	
1>		
I.D. No:	Tel: (H)	Tel.: (W)
2>		
I.D. No:	Tel: (H)	Tel.: (W)
3>		
I.D. No:	Tel: (H)	Tel.: (W)

TRADE REFERENCES

Name	Address	Tel. No.	For Office Use
1			
2			
3			

Bankers:	Branch:	Account No.:

Names of persons authorised to place orders	Declaration
1>	I/We warrant that the information given above is true and correct and that I/We have authority to act for the applicant and to bind the applicant to the conditions of sale. The applicant acknowledges and accepts the conditions of sale set out overleaf.
2>	CREDIT FACILITY REQUIRED: _____
3>	

Applicant's signature:

Designation: ☐ Partner ☐ Director ☐ Manager ☐ Owner ☐ Member