



Africa's leading manufacturer and distributor of electronic security products.

APPLICATION FOR CREDIT FACILITY

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APPLICATION FOR CREDIT FACILITIES

Full Registered name of business:

Trading name(if not as above):

| | | | | | | |
|------------------------|--------------------------|-------------------|--------------------------|----------------|--------------------------|---------------------|
| Type of business | <input type="checkbox"/> | Private Company | <input type="checkbox"/> | Public Company | <input type="checkbox"/> | Sole Proprietorship |
| (Tick appropriate box) | <input type="checkbox"/> | Close corporation | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Trust |

Date of registration of business/ company:

Registration no:

Vat registration no:

Name of Holding company if a subsidiary or part of a group:

Telephone number: (Area code)(No).....

Fax number: (Area code)(No).....

Email:.....

Physical (Delivery address):.....

.....Postal code.....

Postal address to which accounts must be sent:

.....Postal code.....

Name of person responsible for payment of account.....