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CREDIT APPLICATION FORM

The following documents should be provided when submitting the credit application.

1. Individuals

- a) Copy of ID Document
- b) Copy of Registration document
- c) Copy of resolution to open a trading account
- d) Copies of ID Documents of Signatories
- e) Tax Clearance certificate

SECTION A:

(To be completed by ALL applicants)

Please mark with (x) the relevant legal entity under which you will operate the credit and/or leasing account.

1. Registered Company

Registered Company			ALSO COMPLETE SECTION B
Close Corporation			ALSO COMPLETE SECTION B
Sole Proprietor			ALSO COMPLETE SECTION C
Partnership			ALSO COMPLETE SECTION C

2. Full Legal name of business

Trading Name:

VAT Registration No:

Date Established:

Type of Business:

3. Postal Address:Code:

4. Physical Address:Code.....

Telephone Number:Code.....

Fax Number:Code.....

5. Are the premises rented or owned by business?.....

6. Name and address of landlord

7. How long have you been in your present premises?

8. Physical address:

9. Bankers:-

Name:

Branch:

Account No:

Account Name/description:.....

Year account was opened:

If less than 3 yrs, previous banking details:

10. Estimated monthly purchases :

Amount of credit requested :

5. Trade references:-

Name	Address	Terms	Contact no	Ave Monthly Purchased

SECTION B

(Registered Company /Close Corporation)

1. Registered office address:

2. Company/Close Corporation Registration No:

Date of Incorporation:

3. If a subsidiary company, name of holding company:

4. Who are the auditors/accountants of the company/close corporation? (Full details required)

Name:

Physical Address:

Telephone No:

5. Who are the Directors of the Company/Members of the Close Corporation?

Full Names	Identity Number	Designation	Telephone Number

SECTION C:

(Partnership/Sole Proprietor)

1. Date of commencement of business:

2. Nationality if not South African:

3. Are you presently insolvent?.....

4. Full Details:

Full Names	Identity Number	Designation	Telephone Number

SECTION D:

(Person responsible for paying the account)

1. Name:

2. Designation:

3. Telephone No :

4. Email:.....

I, the undersigned, do hereby permit that all the information detailed in this application, is true and correct and I agree that all transactions concluded with the Company shall be subject to the terms

and conditions specified here in and agree to be destined by all such terms and conditions, and without limiting the overview there of.

THUS DONE AND SIGNED BY THE CUSTOMER ATON THIS,

THE DAY OF20.....

AS WITNESS:

1. 2.

For and on behalf of the Customer,

He being duly authorized hereto

FULL NAME:

DESIGNATION:

SIGNATURE:

TERMS AND CONDITIONS

Including cession of book debts and surety ship

1. PAYMENT

1.1 Customers will be expected to pay the Company on 30 (thirty) days from the date of the invoice is dated the first of each respective month.

1.2 In the event where customer is paying C.O.D ,proof of payment will have to be emailed before delivery can take place.

1.3 Should any amount not be paid by the customer, the amount outstanding in total shall become due, owing and payable irrespective of the dates when the goods were purchased and the Customer shall be liable to pay interest of amounts unpaid as at the due date at the compound rate of 2%

1.4 All payments made should include the Invoice number as payment reference.

1.5 If payment exceeds the agreed/prescribed period, your account will be handed over to our attorneys for collection and you will be liable for all attorneys' costs occurred.

1.6 All Payments should be made into the following account

Account Holder	:Rainbow Global Technology Corporation
Bank	:Standard bank
Account Number	:10137726935
Branch Code	:051001
Account Type	:Business Current Cheque account

Proof of payment should be emailed to	admin@rgtgroup.co.za
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Please Initial each page.

For office use only

Name of Company:	
Credit Results:	
Credit Limit:	
Date Account Opened:	
Trading Account Number:	