



PO Box 572, Worcester, 6849

Tel no. 023-3422505 Fax no. 023-3474528

APPLICATION FOR CREDIT FACILITIES

I, in my capacity as
(full name)

do hereby apply for credit facilities with Masjienburo CC on an account in the name of

..... (In case of a company and/or a close corporation, a copy of the relevant resolution, certified by the Chairman, must be attached.

Mail Address: **Street Address:**

.....

Postal code Postal code

Fax no: **Email address:**

Tel. No: **Cell number:**

Bankers: **References:** 1.

Amount applied for: R..... 2.

NB.: Maximum term of credit that will be considered is 30 days from date of statement.

I/We agree that if any amount is not paid within 30 days from date of statement, interest at prime bank rate +2% will be applicable on overdue amount.

I/We agree to subject to the jurisdiction of any Magistrate's Court yielding jurisdiction in terms of article 28 of the Law on Magistrate Courts, for the determination of any claim which Masjienburo CC might institute against me/us, for the supply of goods/services, even if the amount of thje claim would otherwise render it outside the jurisdiction of a Magistrate's Court.

I/We agree that credit facilities can be withdrawn by Masjienburo CC at any stage, without prior notice.

I/We agree that a certificate, issued by a member of Masjienburo CC or a senior official in it's employ, reflecting the amount that is due and payable to Masjienburo CC, would be sufficient prima facie evidence of the facts detailed on such certificate for the purposes of any legal process to recover the said amount from me/us.

DATE: **SIGNED:**
APPLICANT(S)

BUSINESS STAMP:

OFFICE USE:

Approved: DATE:ACCOUNT NO.:.....

COMMENTS:
.....