



shumani
Logistics



CREDIT APPLICATION

No more guilt trips ...

Sharecall 0860 25 26 27

info@shumanilogistics.co.za

www.shumanilogistics.co.za

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		Facsimile Number	
E-mail Address		Internet Address	
Holding		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	<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 financial services provider, offer transit insurance on request. Please visit our website 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



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 Shumani Warehousing and Distribution Services (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.shumanilogistics.co.za

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 Shumani Warehousing and Distribution Services (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.

Signature
Date

2.

Signature
Date



DEED OF SURETYSHIP

I/We (the undersigned)

Do hereby bind myself/ourselves jointly and severally unto and in favour of Shumani Warehousing and Distribution Services (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

Signatur

2. Owner/Partner/Member/Director

Name

Signature

3. Owner/Partner/Member/Director

Name

Signature

4. Owner/Partner/Member/Director

Name

Signature

1.

Signature

Date

2. Witness

Signature

Date

Company Stamp



FOR OFFICE USE ONLY

Approved **Date** **Declined** **Date**

Financial Director/Manager

Name
Signature

Credit Limit R
Rep Code

Account Number
Account Opened

NOTES

