



ADDRESS: 22 AUCKLAND STREET, PAARDEN EILAND • P.O. BOX 3521, CAPE TOWN • TEL: +27 (21) 511 8131
FAX (SALES): +27 (21) 511 2464 • FAX (ACCOUNTS & ADMIN): +27 (21) 510 4470 • WEBSITE: WWW.PIENAARBROS.COM • EMAIL: INFO@PIENAARBROS.COM

APPLICATION FOR CREDIT FACILITY

I/We _____ (“the debtor” or “the customer” hereby make application for credit from Pienaar Brothers (Pty) Ltd. (“the creditor” or “the supplier”) and agree to be bound by the following terms and conditions should credit be granted.

1. All accounts are to be settled within 30 days from statement date.
2. The supplier will remain the owner of all goods purchased until full payment thereof has been received, and reserves the right to recover possession of all goods not fully paid by the due date by means of a valid court order.
3. The customer shall be liable to pay all legal and/or collection costs on the attorney/client scale including collection charges incurred by the supplier in respect of any dispute, which may arise between the supplier and the customer arising from this contract.
4. The customer hereby consents to the jurisdiction of the Magistrates’ Court in respect of any action to be instituted against it pursuant to this contract. It shall nevertheless be entirely within the supplier’s discretion as to whether to proceed against the customer in such Magistrates’ Court or any other court having jurisdiction.
5. I/We warrant that I am authorized to make this application on behalf of the debtor.
6. I/We warrant that the details of the debtor as in the attached appendix are true and correct in every respect.
7. I/We agree that the credit limit specified in the appendix may be increased from time to time without limiting the creditor’s right to recover any outstanding amounts. However, I/We accept that the supplier still reserves the right to request a signed “increase in credit limit” form.

Signed at _____ on this _____ day of _____.

Signature _____ Name _____

Capacity _____

As witnesses 1. _____ 2. _____



PIENAAR BROTHERS (PTY) LTD.

PERSONAL PROTECTIVE EQUIPMENT

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ANNEXURE 'A'

Trading Name of Applicant _____

Registered Name of Company _____

Commencement Date of Business _____ VAT No. _____

(please attach certificate)

Postal Address _____

Delivery Address _____

Registered Office _____

Company Registration No. _____ Tel No. _____

Accounts Contact Name _____ Tel No. _____

Accounts Contact Email Address _____ No of Employees _____

Directors Names 1. _____ ID No. _____

2. _____ ID No. _____

3. _____ ID No. _____

PLEASE INCLUDE COPY OF DIRECTORS ID DOCUMENT

Bankers _____ Branch No. _____

Account Name _____ Account No. _____

Trade References 1. _____ Tel: _____ Acc No. _____

NB. 30 DAY ACCOUNT 2. _____ Tel: _____ Acc No. _____

3. _____ Tel: _____ Acc No. _____

Credit Limit Required R _____

Office Use Only Branch _____

Rep _____



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ANNEXURE 'B'

NATIONAL ACT CREDIT COMPLIANCE

As informed by the media and various financial institutions over the past couple of months, it has become necessary to obtain the following from our valued customers in order to conform to the requirements of the National Credit Act. We require your consent regarding the undermentioned:

1. Requesting of a bank code from your bankers as and when required.
2. Performing of additional credit checks and responding to trade on your company as may be required from time to time.

Please sign at your earliest convenience, your acceptance of the above mentioned conditions:

Customer Name _____

Company Registration No. _____

I, the undersigned _____ do hereby agree to all of the above.

(PRINT NAME IN FULL)

Signed at _____ on this _____ day of _____.

Signature _____ Capacity _____

(DULY AUTHORIZED SIGNATORY)

As witnesses 1. _____ 2. _____

Your prompt response would be appreciated.

PLEASE NOTE VERY IMPORTANT

DOCUMENTS REQUIRED	TICK Y/N
Company Registration Certificate	
Directors ID Document	
Trade References (3)	
VAT Registration Certificate	
Tax Clearance Certificate	