

FROST LOGISTICS

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CONFIDENTIAL CREDIT APPLICATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS
Application by

_____ herein referred to as "the Customer"
to enter into an agreement of trade with

_____ herein referred to as "the Supplier"

I/We hereby wish to make application for credit facilities. In support of the application the following particulars are supplied:

BUSINESS CONTACT INFORMATION

FULL REGISTERED NAME OF BUSINESS: _____

PTY (LTD) CC PARTNERSHIP OTHER: _____

TRADING NAME (IF NOT AS ABOVE): _____

HOLDING COMPANY (IF APPLICABLE): _____

COMPANY REGISTRATION NUMBER: _____

VAT REGISTRATION NUMBER (PLEASE ATTACH COPY): _____

PREVIOUS TRADING/ REGISTERED NAMES: _____

TYPE OF BUSINESS: _____ DATE OF COMMENCEMENT OF BUSINESS: _____

REGISTERED COMPANY ADDRESS: _____

TOWN/CITY: _____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

DELIVERY ADDRESS (IF NOT THE SAME AS REGISTERED ADDRESS: _____

_____ CODE: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

NAME OF PERSON RESPONSIBLE FOR PLACING ORDERS: _____

E-MAIL: _____ TELEPHONE NUMBER: _____

PERSON RESPONSIBLE FOR PAYING ACCOUNTS: _____

E-MAIL: _____ TELEPHONE NUMBER: _____

ARE CUSTOMER'S ORDER NUMBERS REQUIRED: YES NO DO YOU MAKE USE OF CUT OFF'S: YES NO DATE: _____

GENERAL INFORMATION

ARE THE BUSINESS PREMISES OWNED OR RENTED BY THE CUSTOMER? (MARK WITH AN X): RENTED? OWNED?

IF RENTED OR LEASED, PLEASE FURNISH THE FOLLOWING DETAILS OF THE LANDLORD:

NAME: _____

POSTAL ADDRESS: _____

TOWN/ CITY: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CREDIT AND BANKING INFORMATION

ACCOUNTS ARE PAID BY (MARK WITH A X): CHEQUE EFT OR OTHER MEANS: _____

MAXIMUM CREDIT REQUIRED: PER MONTH R _____ CREDIT LIMIT: _____

NAME THAT APPEARS ON YOUR BANK ACCOUNT: _____

BANK NAME: _____ ACCOUNT NUMBER: _____

BRANCH CODE: _____ (PLEASE ATTACH COPY OF BANK PROOF)

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS HAD ANY JUDGEMENT AGAINST THEM? _____ IF YES LIST SEPERATELY.

HAS THE BUSINESS OR ANY OF IT'S PRINCIPALS BEEN LIQUIDATED OR SEQUESTERATED? _____ IF YES LIST SEPERATELY.

HAVE MORATORIUMS OR OFFERS OF COMPROMISE EVER BEEN MADE TO ANY CREDITORS? _____ IF YES LIST SEPERATELY.

PLEASE LIST ALL FACTORING, SECURITIES, SURETIES, CESSION OF DEBTORS, MORATORIUMS, NOTARIAL BONDS AND PERSONAL GUARANTEES SEPERATELY.

PLEASE LIST SECURITIES OFFERED TO SUPPORT THIS CREDIT APPLICATION: _____

AUDITOR, ACCOUNTING OFFICER OR ACCOUNTANT DETAILS

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

IS AUDITED FINANCIAL STATEMENTS AVAILABLE? (MARK WITH A X) YES NO

TRADE REFERENCES

(TO BE SUPPLIERS OF GOODS AND SERVICE EXCLUDING CONTRACTS, RENTALS, LEASES ETC. FOR A MINIMUM OF SIX MONTHS)

1. COMPANY NAME: _____ LANDLINE NUMBER: _____

CONTACT PERSON: _____ TRADING TIME: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

2. COMPANY NAME: _____ LANDLINE NUMBER: _____

CONTACT PERSON: _____ TRADING TIME: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

3. COMPANY NAME: _____ TELEPHONE NUMBER: _____

CONTACT PERSON: _____ TRADING TIME: _____

AVERAGE MONTHLY PURCHASES: R _____ TERMS: _____ CREDIT LIMIT: _____

FULL DETAILS OF DIRECTORS / MEMBERS / SHAREHOLDERS / PROPRIETORS / TRUSTEES

1. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

2. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

3. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

4. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

5. FULL NAME: _____ ID NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CODE: _____ % SHAREHOLDING / INTEREST: _____ (PLEASE INCLUDE COPY)

SIGNATORIES

I/ WE, THE UNDERSIGNED 1) _____ 2) _____

IN MY/ OUR CAPACITY AS 1) _____ 2) _____

AND BEING AN AUTHORISED REPRESENTATIVE(S) OF THE CUSTOMER, HEREBY DECLARE/ DECLARES AS FOLLOWS:

THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT, AND I/ WE UNDERTAKE TO NOTIFY IN WRITING, ANY CHANGE OF DETAILS SHOWN HEREIN, INCLUDING CHANGE OF OWNERSHIP, NAME, OR ADDRESS, WITHIN SEVEN WORKING DAYS OF THE CHANGE.

I/ WE HAVE RECEIVED A COPY OF THE "TERMS AND CONDITIONS OF TRADE". WE AGREE THAT ALL BUSINESS BETWEEN US (WHETHER UNDER QUOTATION, ORDER, CONTRACT OF SALE, OR OTHERWISE) SHALL BE IN THE TERMS OF THE SAID AGREEMENT AND / OR THOSE TERMS CONTAINED HEREIN, WHICHEVER ONE IS AUTHORITATIVE.

THERE ARE _____ (_____) SEPARATE SHEETS ATTACHED TO THIS DOCUMENT.

THE UNDERSIGNED ACCEPT / S THE TERMS AND CONDITIONS OF TRADE. THE CUSTOMER ACKNOWLEDGES THAT ANY AMOUNT DUE FOR GOODS OR SERVICES WILL BE DUE UNCONDITIONALLY WITHIN THE CREDIT PERIOD GRANTED FROM THE DATE OF A TAX INVOICE ISSUED BY THE SUPPLIER. THE CUSTOMER HEREBY DECLARES THAT CHEQUES WILL NOT BE ISSUED IN PAYMENT UNLESS THERE ARE SUFFICIENT FUNDS AVAILABLE AND THAT SUCH FUNDS WILL REMAIN AVAILABLE IN ORDER THAT ALL CHEQUE PAYMENTS WILL BE HONOURED AND THAT UNDER NO CIRCUMSTANCES WILL PAYMENT OF ANY CHEQUE BE STOPPED.

I / WE, THE UNDERSIGNED, DO HEREBY BIND MYSELF / OURSELVES JOINTLY AND SEVERALLY AS SURETY / SURETIES FOR AND ON BEHALF OF THE CO- PRINCIPAL DEBTOR / DEBTORS IN SOLIDUM FOR THE FULL AMOUNT OUTSTANDING ON DEMAND BY THE SUPPLIER.

SIGNED ON THIS _____ DAY OF _____ MONTH _____ 20 _____ YEAR

AT: _____

SIGNATURE FULL NAME IDENTITY NUMBER