

Credit Application

Name of outlet:

Address:

Contact details

Tel: _____ Cell: _____

Email: _____

Person responsible for orders:

Name: _____

Tel: _____ Email: _____

Person responsible for accounts:

Name: _____

Tel: _____ Email: _____

Company VAT no.:

Company Reg. No.:

Payment method: COD EFT

Credit limit required:

Signed:

Name in full:

ID no. (attach copy):

Copy of liquor licence if applicable: (attach copy)