

CREDIT APPLICATION FORM: TOPSHELL (PTY) LTD

PO Box 12590
Die Boord
Stellenbosch, 7613
Tel: 076 770 4500
Fax: 086 216 3413
E-mail: rental@topshell.co.za



Please note: All panels must be completed in Capital letters
All panels that that does not apply, must be marked with: N/A

Trading Name:

VAT Number: Sole owners: CC: PTY (LTD): LTD:

Parent Co. name:

Accounts address:

 Co. Reg. No:
Telephone No:
Fax No:

Postal code: E-Mail address:

Office physical address:

Nature of Business:

Date Business Commenced:

Banking Details: Bank: Branch Code:
Account number:

Accounts contact & E-Mail address:

Current main suppliers:	Name:	Contact:	Telephone:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please mark: Proprietors: Directors: Members:
Full names: Residential address: ID Number:

Full names:	Residential address:	ID Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

All transactions between yourselves and Topshell shall be subject to the standard Topshell Terms and Conditions which appear on the overleaf of each Delivery Note and which is also available on request.

WARRANTY / SURETYSHIP

I, the undersigned, hereby warrant that I am the Proprietor / a Director / a Member of the applicant and that I am duly authorised to sign on behalve of the applicant and have read and agree to the conditions of the Rental Agreement.

Signed onday of the month of, year 20..... at

Full Name: Signature:

Date:

Name of Witness: Signature: