



CREDIT APPLICATION

CK 1997/007240/23

FAX: 086 529 2646

EMAIL: accounts@volden-carriers.co.za

APPLICANTS DETAILS

Registered Company Name: _____

Trading Name: _____

Comp Reg No: _____

Vat No: _____

Nature of Business: _____

CONTACT DETAILS:

Accounts Department

Contact Person: _____

Tel no: _____

Fax No: _____

Email: _____

Members / Directors

Contact Person: _____

Tel no: _____

Fax No: _____

Email: _____

ID No: _____

Contact Person: _____

Tel no: _____

Fax No: _____

Email: _____

ID No: _____

BANK DETAILS:

Account Holders Name: _____

Bank Name: _____

Branch No: _____

Branch Name: _____

Account No: _____

Type of Account: _____

Monthly Credit Amount Required: R _____

ADDRESS DETAILS:

Physical Address

Postal Address

TRADE REFERRANCES

Company Name:

Contact Person:

Tel No:

Company Name:

Contact Person:

Tel No:

Company Name:

Contact Person:

Tel No:

Company Name:

Contact Person:

Tel No:

I the undersigned agree to the Standard Terms and Conditions of Volden Carriers CC as well as any other company associated with Volden Carriers CC, with respect to that companies Standard Terms and Conditions.

The signatory warrants that he/she has the authority to appoint Volden Carriers CC under the terms and conditions as stated on the Conditions of Carriage of Consignment.

Please fax or email Credit Application back to Volden Carriers CC.

SIGNATURE

PRINT NAME

DESIGNATION

DATE