



343 Moore Road - Glenwood - Durban
P.O. Box 5909 - Durban - 4000
Tel: (031) 201 6923
Fax: (031) 201 6929

email: mpilendefoods@gmail.co.za
website: www.mpilendefoods.co.za

MPILENDE FOODS (PTY) LTD CREDIT APPLICATION FORM

- A. Registered Name of Client:** _____
Trading Name (if not as above): _____
- C. PO Box:** _____ **City/Town:** _____ **Postal Code:** _____
- D. Physical Address:** _____

- E. Telephone:** _____ **Facsimile:** _____
- F. Nature of Business:** _____
- G. Type of Entity (Tick where applicable)**
Public Company 1 Private Company 2 Close Corporation 3 Co-operation 4
Partnership 5 Sole Trader 6 Club 7 Church 8
- H. Date of Registration:** _____ **Registration Number:** _____
- I. Names and Addresses of Directors of Private Companies, Partners or Proprietors of Business:**
- | | |
|-----------------------|-----------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
- J. Name of Holding Company:** _____
- K. Names of Associated or Subsidiary Companies:** _____
- L. Maximum monthly credit required:** _____
- M. Is a current balance sheet available?** YES NO
(Tick where applicable). If "YES", please attach a copy to this form.

N. Bankers
Name: _____ **Branch:** _____
Account No: _____ **Branch Code:** _____

O. Trade references (three current references)

1. Name: _____ **Address:** _____
City: _____ **Telephone:** _____

2. Name: _____ **Address:** _____
City: _____ **Telephone:** _____

3. Name: _____ **Address:** _____
City: _____ **Telephone:** _____

P. Name(s) of any of your subsidiaries within your company which has maintained a credit account with us:

1. Name: _____ **City:** _____

2. Name: _____ **City:** _____

3. Name: _____ **City:** _____

Q. Name of Auditors: _____

R. Details of person paying this account:

Mr/Mrs/Miss: _____

Designation: _____ **Telephone:** _____

S. Name of Financial Director

Name of Financial Manager: _____

Name of Accountant: _____

T. Do you have branches in other regions? (Tick where applicable)

Johannesburg Durban
Cape Town Pretoria

U. Persons authorised to make reservations for the company account

Mr/Mrs/Miss: _____ **Mr/Mrs/Miss:** _____
Mr/Mrs/Miss: _____ **Mr/Mrs/Miss:** _____

V. Declaration (To be completed by a Director or Authorised Representative)

I, _____, hereby
Certify that I am duly authorised by the above-named client to make this application for credit facilities in
compliance with the Standard Trading Conditions on the reverse side of this form, which have specifically been
brought to my attention.

Signed: _____

Designation: _____

Date: ____/____/____

Condition: All and any business in terms of this credit application is undertaken by Mpilende Foods (Pty) Ltd Reg.
No. 2008 / 005966/07 in terms of the Standard Trading Conditions printed on the reverse side of this form, to which
conditions the client is referred and which the client declares himself/herself to have read, to be fully aware of, to
understand and to be binding upon the client.

PLEASE RETURN COMPLETED FORMS TO :

MPILENDE FOODS (PTY) LTD
P O BOX 5909
DURBAN
4000
TEL : 031 201 6923
FAX : 031 201 6929
email : info@mpilendefoods.co.za
website : www.mpilendefoods.co.za / com

PAYMENT TERMS : 30 days from the date of invoice

COMPANY BANKING DETAILS :

ACCOUNT HOLDER : MPILENDE FOODS (PTY) LTD

BANK : FIRST NATIONAL BANK

BRANCH : MERCHANT PLACE

BRANCH CODE : 200607

ACCOUNT TYPE : CHEQUE

ACCOUNT NO. : 62181988399