

# **DGS FROZEN FOODS (PTY) LIMITED**

15 Ellman Street, Sunderland Ridge, Centurion 0157. Gauteng Province (SA).

Regn. No. 2015/235383/07; VAT No. 4740274560

Contact No. 0767428701

## **APPLICATION FOR TRADING FACILITIES**

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel/Cell No.: \_\_\_\_\_

**APPLICANT DETAILS:**

1. REGISTERED BUSINESS NAME \_\_\_\_\_

2. COMPANY REGISTRATION NUMBER (IF APPLICABLE) \_\_\_\_\_

3. REGISTERED ADDRESS \_\_\_\_\_

4. TYPE OF BUSINESS \_\_\_\_\_

5. PRINCIPLE BUSINESS ACTIVITIES \_\_\_\_\_

6. a) PHYSICAL ADDRESS (being chosen DOMICILIUM CITANDI EXECUTANDI)

\_\_\_\_\_  
\_\_\_\_\_

b) DELIVERY ADDRESS: \_\_\_\_\_

7. COMPANY TRADING NAME: \_\_\_\_\_

8. POSTAL ADDRESS: \_\_\_\_\_

9. TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

10. DATE BUSINESS ESTABLISHED: Y YYY \_\_\_\_\_ MMM \_\_\_\_\_ DD \_\_\_\_\_

11. VAT NUMBER: \_\_\_\_\_

**12. DIRECTORS / MEMBER / OWNER / PARTNER DETAILS:**

DIRECTORS/MEMBER/OWNER PARTNER NAMES	HOME ADDRESS AND CONTACT NUMBER(S)	I.D. NUMBER

- *Copies of documents of Close Corporation (cc) company (Pty) Ltd or Trust to be provided with this application, unless applicant is a sole proprietor then identity documents and proof of residence is required.*

13. ARE YOUR PREMISES RENTED? \_\_\_\_\_ OR OWNED? \_\_\_\_\_

14. IF RENTED, PLEASE STATE DETAILS OF LANDLORD

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

15. NAME OF PERSON RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

CONTACT DETAILS OF PERSON RESPONSIBLE FOR ACCOUNT: \_\_\_\_\_

16. AUDITORS : \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

17. BANKERS: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

18. TRADE REFERENCES: (a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

#	NAME OF COMPANY / BUSINESS	TEL. No.	CREDIT LIMITS AND TERMS	OFFICIAL USE
(a)				
(b)				
(c)				

- I certify that the above information is to the best of my knowledge and belief, to be both true and correct and I hereby warrant that I am legally entitled / duly authorised to bind the above named Applicant to the terms hereof and I agree that by my signature hereto, the Applicant shall be bound to the company's Standard Conditions of Sale and that I acknowledge that I am fully acquainted with and understand. I further warrant in the addition to the above, that, the company is solvent and that it is capable to pay its debts in the ordinary course of business. (Where applicable please attach Board Resolution).
- I duly authorise on signature hereof, that the Company shall be authorised to use the Applicants information herein contained, for the purpose to apply to a Credit Bureau to ascertain Credit worthiness only.

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**APPLICANT'S SIGNATURE, DATE & STAMP**

**TERMS REQUIRED:**

C.O.D	CREDIT			METHOD OF PAYMENT	
	7Days	14Days	21Days	EFT	CASH

CREDIT LIMIT REQUIRED : \_\_\_\_\_

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**OFFICE USE ONLY**

CREDIT LIMIT AUTHORISED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DESIGNATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**(OFFICIAL CO. STAMP)**

PS: WE DO NOT ACCEPT CHEQUES.