

APPLICATION FORM BUSINESS PARTICULARS

GOODS DESCRIPTION	NEW	MODEL	MAKE
	USED		
DEALER / SUPPLIER			TELEPHONE
F & I CONTACT PERSON	SALES PERSON		FAX

CASH PRICE (VAT INCL) R	VATABLE EXTRAS (VAT INCL)	LANGUAGE <input type="checkbox"/> ENG <input type="checkbox"/> AFR
ADD COVER R	RADIO / TAPE R	<input type="checkbox"/> INSTALMENT
LICENCE / REG R	NUMBER PLATE R	<input type="checkbox"/> LEASE
CREDIT LIFE R	WARRANTY R	<input type="checkbox"/> RENTAL
DEPOSIT / TRADE IN R	OTHER R	<input type="checkbox"/> OTHER
FINANCABLE AMOUNT R	OTHER R	
TERM	RATE	<input type="checkbox"/> ADVANCE <input type="checkbox"/> ARREARS
		RESIDUAL
		INSTALMENT

BUSINESS DETAILS				
TRADING ENTITY	<input type="checkbox"/> SOLE PROPRIETOR / PARTNERSHIP	<input type="checkbox"/> CLOSE CORPORATION	<input type="checkbox"/> COMPANY	<input type="checkbox"/> TRUST
TURNOVER IN EXCESS OF R1 MILLION PER YEAR	<input type="checkbox"/> YES R	<input type="checkbox"/> NO		
ASSETS VALUE IN EXCESS OF R1 MILLION	<input type="checkbox"/> YES R	<input type="checkbox"/> NO		
BUSINESS NAME				
REGISTRATION NUMBER				
MAIN BUSINESS ACTIVITY				
BUSINESS ADDRESS				CODE
POSTAL ADDRESS				CODE
TELEPHONE NUMBER	EMAIL ADDRESS			
BUSINESS FAX	NO. OF YEARS IN BUSINESS			
OWNED PREMISES	<input type="checkbox"/> YES <input type="checkbox"/> NO	BOND OUTSTANDING		

BANKING DETAILS			
BUSINESS BANKERS			
TYPE OF ACCOUNT	<input type="checkbox"/> CHEQUE <input type="checkbox"/> TRANSMISSION	ACCOUNT NUMBER	BRANCH CODE

LIST OF DIRECTORS / MEMBERS / TRUSTEES / PARTNERS*	
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
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SURNAME	ID NUMBER
FULL NAMES	LENGTH OF 'DIRECTORSHIP' - YEARS
SURNAME	ID NUMBER

Signature _____

Date _____

NB! * Please supply completed individual applications of all members / directors.
* Please supply entities' registration documentation as well as VAT registration number.