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4 Arlington Road, Bryanston, 2191, Gauteng, South Africa Reg.
No.: 1988/000489/07

CREDIT LIMIT APPLICATION

Company Name (legal): _____

Registration No: _____

Vat Registration No: _____

Trading as: _____

Physical Address: _____

Are premises above owned or leased by Applicant? _____

If leased, name and address of Landlord.

Postal Address: _____

E-mail Address: _____

Tele/Fax No.'s: _____

Accounts Contact: _____

E-mail for Invoices: _____

Directors / Members / Partners / Proprietor

Full Names	Residential Address	Telephone No.	I.D. No.

Directors: G Evans CA (SA) (Ont), J Evans BA

Bankers Name: _____

Type of Account: _____

Branch: _____

Account No: _____ *Payment Terms: 30 days*

Credit Limit Requested: _____ *Credit Limit Approved: _____*

Auditors Name: _____

Address: _____

Telephone No.: _____

Trade References

Name	Telephone No.	Contact Person
1.	1.	1.
2.	2.	2.
3.	3.	3.

Please note that all collection fees, should the account be handed over for collection of overdue amounts, will be for your account.

Interest will be levied on overdue amounts at prime overdraft rates.

Signed on behalf of Company by:

Title: _____

Name: _____

Witness: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please note that by completing this form your consent for us to process your information in accordance with the POPI act.