



**Ladysmith:** P.O. Box 939, Ladysmith, 3370  
1 Bloukrans Street, Danskraal, Ladysmith, 3370  
**Tel: +27 36 637 4161**  
**Fax: +27 36 637 4213**  
E-Mail: [accounts@cloverleaf.co.za](mailto:accounts@cloverleaf.co.za)

## THE CANDLE CRAFTSMEN

### CREDIT APPLICATION

#### ACCOUNT DETAILS:

1. Trade name of business: \_\_\_\_\_
2. Full name and address of proprietor of the business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
3. Street address at principal place of business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
4. Postal address of principal place of business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
5. Delivery address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
6. Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_  
Cell number: \_\_\_\_\_ Other contact number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
7. Name of contact person in Accounts Department: \_\_\_\_\_  
Telephone number for Account Department: \_\_\_\_\_
8. Name of contact person for buying: \_\_\_\_\_  
Telephone number for Buyer: \_\_\_\_\_
9. Will official order be used?  YES  NO
10. Tick Box for Preferred Account:  COD  30DAY

#### BUSINESS DETAILS:

1. Type of concern:  Close Corporation  Company  Sole proprietor  Partnership
2. Nature of business conducted: \_\_\_\_\_
3. Is your turnover/nett asset value in excess of R1 million? State YES or NO: \_\_\_\_\_
4. Registration number if Company or Close Corporation: \_\_\_\_\_

5. Date of incorporation if Company or Close Corporation: \_\_\_\_\_
6. VAT Registration Number: \_\_\_\_\_
7. Particulars of Directors / Members / Partners / Proprietors: (if more than two, please attach list)
- a) Full Name: \_\_\_\_\_ b) Full Name: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 I.D. Number: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

**BANKERS:**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Code: \_\_\_\_\_

State name in which the account is operated: \_\_\_\_\_

Account Number:

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**TRADE REFERENCES AND ADDITIONAL INFORMATION REQUIRED:**

1. How long has the business (as per trading name) been trading? \_\_\_\_\_
2. State maximum credit limit required: \_\_\_\_\_
3. Has the applicant or any of its owners/partners/directors/members been declared insolvent or placed under liquidation within the last 5 years? \_\_\_\_\_
4. Trade References:
- a) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 How long trading with supplier: \_\_\_\_\_  
 Average monthly purchases: \_\_\_\_\_ Payment terms: \_\_\_\_\_
- b) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long trading with supplier: \_\_\_\_\_

Average monthly purchases: \_\_\_\_\_ Payment terms: \_\_\_\_\_

**CONDITIONS OF ACCOUNT:**

I, \_\_\_\_\_ being the \_\_\_\_\_  
(Please print full name) (Designation)

of \_\_\_\_\_, declare that I am authorised to open this account which will form a contract between the business I represent and Banzi Trade 39 t/a Clover Leaf Candles. I certify that the above information is correct and agree to abide by the following conditions relating to the account.

1. Accounts shall be settled within 30 days from date of statement, early settlement discount as stated on invoice will be allowed if settled in full by 15<sup>th</sup> of following month.
2. Overdue Accounts:
  - a) Shall bear interest at maximum rate permissible by law.
  - b) Shall entitle the creditor, without prejudice and additionally to any other rights, to suspend deliveries until the account is brought up to date and to reverse any trade or early settlement discount which may have been allowed in respect of the transaction for which payment is overdue.
  - c) Should the creditor instruct its attorneys to collect any overdue debts or to take any action against the recovery of all legal costs raising there from, including collection commission on the scale as between attorney and client.
  - d) Ownership of all goods sold shall remain with the creditor until fully paid for.
3. Claims for shortages or damages must be notified to the creditor in writing within 7 (seven) days of delivery of goods, thereafter no claim will be recognised.
4. If so desired, payment of accounts may be made by direct deposit / electronic banking into our \_\_\_\_\_ account, details as follows:

**Account name: Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles**  
**First National Bank – Stutterheim – Branch number: 210421**  
**Account number: 6210 2618 602**

Details of payment, quoting debtors account number with creditor, to be submitted immediately in \_\_\_\_\_ writing or fax to 021 535 3595. The creditor shall not be held responsible for payment not being \_\_\_\_\_ reflected on debtors statement if advice is not received.
5. I/We agree that Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles use the services and records of a registered credit bureau and other suppliers for information required in the original and future assessment of credit facilities. I/We agree that Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles may disclose information regarding the applicant's credit worthiness and conduct of the account to any registered credit bureau and other suppliers to the industry.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLACE

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**FOR OFFICE USE ONLY**

REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ REP'S CODE: \_\_\_\_\_

REPRESENTATIVE'S NAME (Please Print): \_\_\_\_\_

# Clover Leaf Candles



**THE CANDLE CRAFTSMEN**

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Vat no: 4130226444

## PERSONAL SURETYSHIP

### In favour of Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles

I, THE UNDERSIGNED,

\_\_\_\_\_ (NAME AND  
SURNAME) IDENTITY NO \_\_\_\_\_

\_\_\_\_\_ HEREBY BIND MYSELF  
AS SURETY AND CO-PRINCIPAL DEBTOR IN FAVOR OF CLOVER LEAF CANDLES ("the creditor") OR  
THE CREDITORS ASSIGNS FOR ALL ALMOUNTS WHICH MAY NOW BE, OR IN FUTURE BECOME,  
DUE TO THE CREDITOR FROM ANY CASUE OF DEBT WHATSOEVER BY  
\_\_\_\_\_ ("the principal debtor").

I renounce the benefits of division, excursion and cession of actions (explained overleaf) and declare that  
this suretyship shall be subjected to the further conditions set out on the reverse side of this document. I  
shall not be entitled to withdraw as surety without the written consent of the creditor.

I choose as my domicilium citandi et executandi for the purpose of all notices and legal process, the  
following address (NO PO BOX NUMBER MUST BE PHYSICAL ADDRESS):

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

I have read and understood the terms and conditions overleaf and hereby agree that I am bound by them.

Signed at LADYSMITH ON THE \_\_\_\_\_ day of \_\_\_\_\_ of  
20\_\_\_\_\_.

Signature: \_\_\_\_\_

As witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

**CONSENT FORM**

I \_\_\_\_\_ (Name) with ID number \_\_\_\_\_, the duly authorised representative of \_\_\_\_\_ (“Company”) with registration number \_\_\_\_\_ agree that Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles may make inquiries to confirm any information provided by the Company and that Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles may verify the information and obtain additional information from Experian, a registered credit bureau, when assessing the information provided herein. I authorise Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles to conduct a credit report on the company, and warrant that all the directors and/or members have consented to the Company instructing Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles to conduct the credit enquiry on the Company and that the Director and/or Members acknowledges that the enquiry will include an inquiry into the Director and/or Member’s credit profile. I further warrant that the Directors and/or members authorise Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles to obtain the credit information on the Directors and/or Members and that the Company has the consents as stated herein, in writing. In the event of Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles being required to do an account verification check to verify that banking details provided, are correct, or to enquire with the Company’s banker to obtain its opinion with regards to lending amounts and lending terms applicable to the Company, I hereby authorise such an enquiry. We furthermore consent to Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles submitting our information, including payment profile and default information and any other relevant information, to Experian and to allow Experian to release the information for lawful purposes to third parties.

I furthermore warrant that all information supplied to Banzi Trade 39 (Pty) Ltd t/a Clover Leaf Candles is to the best of my knowledge true and correct, that I am not aware of any other information that would affect the credit application of the Company in any way and that I am authorised to sign this document.

**The Company:**

Name of the Company:	
Name of the Authorised Representative:	
Title:	
Signature:	
Date:	

**Directors / Members Details:**

Name:	
ID Number:	
Name:	
ID Number:	
Name:	
ID Number:	