

## **Credit Application and Agreement**

### **A. APPLICANT**

Legal Business Name: \_\_\_\_\_ Reg. No: \_\_\_\_\_  
(List all Trade Names)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov.: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_

### **B. BUSINESS INFORMATION**

Sole Proprietorship    Owner \_\_\_\_\_ Id No \_\_\_\_\_

Partnership    Partner \_\_\_\_\_ Id No \_\_\_\_\_

Partner \_\_\_\_\_ Id No \_\_\_\_\_

PTY/ CC    Director/Member \_\_\_\_\_ Id No \_\_\_\_\_

Director/Member \_\_\_\_\_ Id No \_\_\_\_\_

Director/Member \_\_\_\_\_ Id No \_\_\_\_\_

Director/Member \_\_\_\_\_ Id No \_\_\_\_\_

VAT No. (If applicable) \_\_\_\_\_

### **C. BANKING INFORMATION**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ P/Code \_\_\_\_\_

Officer Contact: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Type of Acct.: \_\_\_\_\_

**I/We hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.**

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

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

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**D. TRADE REFERENCES** (Please fill out 3 references)

<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Phone#</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize OG SAFETY to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

**CREDIT POLICY: Payment to be made on order/ invoice prior to goods being ordered/ shipped ex warehouse due to circumstances that USA and UK payment terms are payment on order. This policy will be reviewed on an ongoing basis as credit policies change with principals.**

Payment: All amounts due for purchases for

**Outdoor Gear and Safety,  
ABSA, Claremont,  
BR Code 632005,  
Acc No 9232504522**

**CHANGE OF OWNERSHIP:** I/We understand that we must notify OG SAFETY in writing by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed. This agreement is subject to all the relevant laws of the republic of South Africa.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:**

Firm Name \_\_\_\_\_

Signed: \_\_\_\_\_ Title \_\_\_\_\_

Signed: \_\_\_\_\_ Title \_\_\_\_\_

**CONSENT TO OBTAIN CONSUMER CREDIT REPORT**

**The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date