ST LEGER VINEY (PTY) LTD
TRADE FACILITY APPLICATION FORM

CUSTOMER INFORMATION					
LEGAL NAME:	PTY	CC	SOLE TRADER	P'SHIP	ENTITY REG #:
TRADING NAME:					VAT REG #:

CONTACT INFORMATION	ADRRESSES
FIRST NAME	POSTAL ADDRESS
LAST NAME	
CELL	
TELEPHONE	DELIVERY ADDRESS
FAX	
EMAIL	

TRADE VERIFICATION		
SELECT CUSTOMER TYPE	REFERENCE AND CONTACT PERSON	TELEPHONE #
DESIGNER SAGID / MANUFACTURER		
ARCHITECT ASSOCIATION OF ARCHITECTS		
RETAILER PREMISES AND MANUFACTURER		
MANUFACTURER PREMISES AND CUSTOMERS		
HOSPITALITY MARKETING ORGANISATION		

CREDIT REFERENCE INFORMATION		
DIRECTOR / MEMBER / OWNER DETAILS	ID #:	BANK DETAILS
		BANK NAME
		BRANCH
		ACCOUNT #
TERM ACCOUNT REFERENCE	CONTACT AND TELEPHONE #	COMMENT

I HEREBY WARRANT THAT THE INFORMATION PROVIDED IS CORRECT AND THAT I AM AUTHORISED TO CONTRACT ON THE ENTITIES BEHALF.

NAME AND POSITION SIGNATURE DATE

ACC #	BUDGET	APPROVED	AREA	SC	CLASS	PRICE	TERMS	LIMIT