

**DETAILS OF OWNERS / PARTNERS / DIRECTORS:** Please attach ID copies (If more than 3 please attach details)

FULL NAME:	RSA CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY IF NO: _____
	I.D. NUMBER
RESIDENTIAL ADDRESS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	HOME TEL No.
	CELL No.

FULL NAME:	RSA CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY IF NO: _____
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RESIDENTIAL ADDRESS :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	HOME TEL No.
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	HOME TEL No.
	CELL No.

TRADE REFERENCES: (Print / Stationery / Office Consumables)

				OFFICE USE
COMPANY NAME	TEL: NUMBER	CREDIT LIMIT	CREDIT TERMS	PAYING HABIT

ALL TRADE SUBJECT TO THE FOLLOWING:

- Terms of payment are 30 days nett from date of statement.
- Responsibility on all jobs are limited to the written instructions and designs or proofs as approved by the customer, including all errors not pointed out by him when approving designs proofs and specifications.
- If you intend reselling the item purchased from "Formax (Pty) Ltd", a personal suretyship will be compulsory for obtaining credit.
- The customer hereby consents to any information contained in the credit application being assessed, verified and monitored by Formax (Pty) Ltd as deemed necessary.

*STANDARD TRADING CONDITIONS AVAILABLE ON REQUEST

I/WE CERTIFY THAT: 1. The information contained in this document is true and correct.
 2. I/We am/are duly authorised to apply for credit facilities.
 3. I/We further understand and acknowledge that all transactions will be subject to the above conditions of sale.

FOR AND ON BEHALF OF: (Company name): _____ DATE: _____

FULL NAME: (No. 1): _____ (No. 2): _____

SIGNATURE: _____

DESIGNATION: _____