

# **GRAAFF-REINET HARDWARE & BUILDING SUPPLIES CC**

**Account Application Form which will become  
a binding contract between the parties  
upon signature thereof by all parties.**

**THIS SECTION TO BE COMPLETED BY APPLICANTS WHOM ARE NOT NATURAL PERSONS**

1. 1.1 Full names of the Close Corporation or Company : \_\_\_\_\_
- 1.2 Registration number of entity : \_\_\_\_\_
- 1.3 Registered address of entity : \_\_\_\_\_  
\_\_\_\_\_
- 1.4 Chosen domicilium et executandi address : \_\_\_\_\_  
(where all notices and accounts will be received) \_\_\_\_\_
- 1.5 VAT number of entity : \_\_\_\_\_
- 1.6 Telephone numbers and other contact details :
- 1.6.1 Business phone number : \_\_\_\_\_
- 1.6.2 Business email address : \_\_\_\_\_
- 1.6.3 Business fax number : \_\_\_\_\_
- 1.6.4 Cell number : \_\_\_\_\_
- 1.7 Full details of directors of company or members of close corporation (all of whom are personally responsible for any accounts which may become due and payable in terms of this application)
- 7.1 Full names : \_\_\_\_\_  
ID number : \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone number : \_\_\_\_\_  
Signature of director / member
- 1.7.2 Full names \_\_\_\_\_  
ID number : \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Signature of director / member
- 1.7.3 Full names: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Signature of director / member
- 1.7.4 Full names \_\_\_\_\_  
ID number: \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Signature of director / member
- 1.7.5 Full names: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Physical address \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Signature of director / member

**THIS SECTION TO BE COMPLETED BY BOTH NATURAL AND UNNATURAL PERSONS**

2.      2.1              Full name/s of applicant: \_\_\_\_\_  
          2.2              Identity number of applicant: \_\_\_\_\_

3.      **PHYSICAL RESIDENTIAL ADDRESS OF APPLICANT**

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

4.      **P. O. BOX OF APPLICANT :**

P. O. Box number: \_\_\_\_\_  
Town : \_\_\_\_\_  
\_\_\_\_\_  
Postal code : \_\_\_\_\_

5.      **TELEPHONE NUMBERS AND EMAIL ADDRESS OF APPLICANT :**

Cellphone : \_\_\_\_\_  
Fax number : \_\_\_\_\_  
Home phone : \_\_\_\_\_  
Email address : \_\_\_\_\_

6.      **MARRIAGE STATUS OF APPLICANT: (tick the applicable choice)**

- 6.1      Married in community of property      \_\_\_\_\_  
6.2      Married out of community property      \_\_\_\_\_  
6.3      Unmarried      \_\_\_\_\_

7.      **IF MARRIED IN COMMUNITY OF PROPERTY :**

- 7.1      Full names of spouse : \_\_\_\_\_  
7.2      ID of spouse : \_\_\_\_\_  
7.3      Physical address of spouse : \_\_\_\_\_  
7.4      Do you have written consent of spouse : \_\_\_\_\_

8.      **BANKING DETAILS :**

**TRADING ACCOUNT**

- 8.1 Banking Institution name : \_\_\_\_\_  
8.2 Type of account : \_\_\_\_\_  
8.3 Bank account number : \_\_\_\_\_

**PERSONAL ACCOUNT**

8.4 Banking Institution name : \_\_\_\_\_  
 8.5 Type of account : \_\_\_\_\_  
 8.6 Bank account number : \_\_\_\_\_

**9. TRADING REFERENCES OF 30 DAY ACCOUNTS**

9.1 \_\_\_\_\_  
 9.2 \_\_\_\_\_  
 9.3 \_\_\_\_\_  
 9.4 \_\_\_\_\_

**10. MAXIMUM LIMIT ON PURCHASES**

R \_\_\_\_\_

Should the maximum amount on the account be reached, further purchases will not be allowed unless for cash only. Within 2 (two) months after the maximum limit has been reached, payment of the full amount must be made.

Acknowledgements

I / we acknowledge that all facilities are strictly 30 days nett. Compounded interest will be calculated, at the maximum rate prescribed by the Usury Act No 73 of 1968, on all overdue amounts and is payable by me / us. I / we, the company or close corporation confirm that I / we / the company / close corporation are in a financial position to completely meet the responsibility of the amounts and terms as set out in this agreement, as per the attached list of income and expenses. I / we agree to pay all attorney and own client fees, should any legal action be taken against me / us / the company / close corporation by the credit grantor. I / we, the undersigned, admit that I / we personally be liable for the payment of this account, even in the event that the Applicant in this form is an unnatural person. I / we confirm that every person whom sings this document is personally liable for any account which may become due and payable in terms of this application form, together with such close corporation or company if this application has reference to such entities. I / we acknowledge that all goods bought in terms of this application, remain the property of Graaff-Reinet Hardware & Building Supplies CC until the full purchase price plus any interest and costs (attorney and own client costs) on overdue amounts, have been repaid to Graaff-Reinet Hardware & Building Supplies CC. I / we take note of the fact and hereby authorise Graaff-Reinet Hardware & Building Supplies CC to perform the necessary credit checks on my person / business. I / we confirm herewith that I / we are legally entitled to sign this application on behalf of the applicant company / close corporation. This agreement will be reviewable every six months. Should any changes in the information supplied by the applicant happen, the applicant will inform Graaff-Reinet Hardware & Building Supplies CC within 7 days thereof. Refunds will only be allowed on **standard items**, within 14 days of purchase of the items and if supported by the invoice. No refunds will be accepted on specially ordered items or specially made items. A Restocking fee will be charged in the event of a refund.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

**AS WITNESSES**

1. \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant / Director / Member

2. \_\_\_\_\_  
 \_\_\_\_\_  
 Spouse (if married in community of property)

\_\_\_\_\_  
 On behalf of GRT Hardware

**ANNEXURE TO CONTRACT**

**LIST OF MONTHLY INCOME AND EXPENSES**

Income R \_\_\_\_\_ (See attached payment advice)

Expenses as supported by documentation attached hereto ;

- 1. Water & Lights R \_\_\_\_\_
- 2. Groceries R \_\_\_\_\_
- 3. Clothing R \_\_\_\_\_
- 4. Tax R \_\_\_\_\_
- 5. Medical expenses / medical aid R \_\_\_\_\_
- 6. Pension/s R \_\_\_\_\_
- 7. All Insurance R \_\_\_\_\_
- 8. Loans R \_\_\_\_\_
- 9. Vehicle R \_\_\_\_\_
- 10. Credit Card R \_\_\_\_\_
- 11. Petrol R \_\_\_\_\_
- 12. Maintenance R \_\_\_\_\_
- 13. Other R \_\_\_\_\_
- 14. Bank statements for six months are attached hereto.

Please note that the original, completed document must be returned to us and has to be accompanied by the following:

- Latest salary advice
- Bank statements for the last 6 months
- Copies of all directors / members / applicants ID Documents

I the undersigned confirm herewith that the above is a true reflection of my / our / the company / close corporation's financial situation and that I / we / the company / close corporation is in fact in a position to afford this limited credit facility.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ AT \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
On behalf of GRT Hardware

INITIALS OF ALL DIRECTORS / MEMBERS / APPLICANTS \_\_\_\_\_