



### APPLICATION FOR CREDIT FACILITIES (INCORPORATING A SURETYSHIP)

The Applicant hereby makes application for credit facilities and for the opening or updating of an account with the Creditor. In support of the application, the following particulars are furnished.

## SECTION A

(To be completed by all applicants)

Please mark an (X) the relevant legal entity under which you will operate the account

- Sole Proprietor      Also Complete section B+D       Registered Company      Also Complete Section C+D  
 Close Corporation      Also Complete Section C+D       Partnership      Also Complete Section B+D

<b>1</b>	<b>The account will be operated in the name of:</b>		
<b>2</b>	<b>Postal Address:</b>		
<b>3</b>	<b>Business Physical / Residential Address:</b>		
<b>4</b>	<b>Telephone Numbers</b>	<b>Home:</b>	<b>Business:</b>
		<b>Mobile:</b>	<b>Fax:</b>
<b>5</b>	<b>Address to which statements &amp; correspondence should be mailed (preferably via email)</b>		
<b>BANKING DETAILS</b>			
<b>6</b>	<b>Banking Institution</b>	<b>Account Name</b>	
	<b>Branch Name</b>	<b>Branch Code</b>	
	<b>Account Number</b>	<b>Account Type</b>	
<b>TRADE REFERENCES</b>			
<b>7</b>	<b>Supplier Name</b>	<b>Account Number</b>	<b>Telephone Number</b>
7.1			
7.2			
7.3			



**SECTION B**  
(Partnership / Sole Proprietorship)

<b>1</b>	<b>Full Names, Identity Numbers &amp; Address of all partners</b>			
	<b>Full Names</b>	<b>Identity Number</b>	<b>Address</b>	
1.1				
1.2				
1.3				
1.4				
1.5				
<b>2</b>	<b>Date of commencement of Business</b>			
<b>3</b>	<b>Nature of Business</b>			
	Have you or any of the partners ever been sequestered?		<input type="checkbox"/>	YES <input type="checkbox"/>
<b>4</b>	If you selected YES, please specify which partner(s) and date of sequestration			
	Date of Rehabilitation			
<b>5</b>	<b>Who represents the firm in making this application (accountable partner)?</b>			
	Full Name	Capacity		



## SECTION C

(Registered Company or Close Corporation)

<b>1</b>	<b>Registered Name of Company</b>			
<b>2</b>	<b>Trading Name of Company</b>			
<b>3</b>	<b>Company / Corporation Registration Number</b>			
<b>4,</b>	<b>Physical Address of Business</b>			
<b>5</b>	<b>If a subsidiary company, please state name of Holding Company</b>			
<b>6</b>	<b>Name of Company / Corporation's Auditors</b>			
	<b>Telephone Number(s)</b>		<b>Fax</b>	
	<b>Auditor email</b>		<b>Auditor Address</b>	
<b>7</b>	<b>Particulars of Directors / Members</b>			
	<b>Full Names</b>	<b>Identity Number</b>	<b>Res. Address</b>	<b>Telephone Number(s)</b>
<b>7.1</b>				

7.2				
7.3				
7.4				
7.5				
<b>The particulars of the person representing the Company / Close Corporation in making this application?</b>				
8	<b>Full Name</b>		<b>Position</b>	

## SECTION D

(To be completed by ALL APPLICANTS. No application shall be processed if surety is not signed by all Directors / Partners / Members applicable)

### Suretyship

By virtue of my / our signatures affixed hereto, I / We the undersigned hereby bind myself / ourselves in my / our personal capacity as a surety / sureties and co-principle debtor(s) jointly and severally in Solidum together with the applicant to both DT Warehouse CC and Picasso's Pet Products (Pty) Ltd for the due and proper fulfillment of all obligations of and for the punctual payment of all sums which are or may become due by me / us arising out of this application. I / We renounce the benefits of exclusion, division and cession of action, the full meaning and effect whereof I / We know and understand. I / We acknowledge that no representation whatever has been made to me / us to sign suretyship. I / We acknowledge that all blank spaces in this agreement were filled in prior to me / us signing the agreement.

I / We undertake to pay my / our account within 30 (thirty) days after date of statement or as per other written agreement signed by both parties.

I / We hereby choose domiciliumj citandi et executandi at: (address) \_\_\_\_\_

This done and signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed for and on behalf of \_\_\_\_\_ (Applicant), he / she thus being duly authorized hereto.

1	<b>Name</b>		2	<b>Name</b>	
	Designation			Designation	
	Signed			Signed	
	Date			Date	
3	<b>Name</b>		4	<b>Name</b>	
	Designation			Designation	
	Signed			Signed	
	Date			Date	

As Witnesses:

1. \_\_\_\_\_ Name: \_\_\_\_\_
2. \_\_\_\_\_ Name: \_\_\_\_\_

**The following documentation MUST BE attached with application:**

1. Copies of ID's of all Directors, Members, Partners or Individuals;
2. Copy of Applicant's VAT certificate;
3. Copy of Company Registration Certificate;
4. All pages MUST be initialized by all Directors, Members, Partners or Individuals;
5. The original application form MUST be returned before the account will be approved;
6. NO APPLICATION will be valid without signed surety.

**Documents must please be forwarded to  
sales@picassopetproducts.co.za & linda@picassopetproducts.co.za**