CREDIT LIMIT APPLICATION
(PLEASE PRINT)

coface SOUTH AFRICA

Date:	Export ☐ Domestic ☐	Revised limit application ☐ New limit application ☐
If Domestic: 24 hour ☐ 48 hour ☐ Normal ☐		
Authority to contact buyer: YES ☐ NO ☐		
Policy Holder:	Branch:	Policy number:

DETAILS OF BUYER

Full name:	
Legal entity: (Pty) Ltd ☐ Ltd ☐ CC ☐ Partnership ☐ Sole Proprietor ☐ Trust ☐ Other ☐	
If other, please specify:	
Trading style:	
Registration number*:	Buyer account number:
Physical address:	Postal address:
Country of buyer:	e-mail: Website:
Tel number: ( )	Fax number: ( )

DETAILS OF LIMIT REQUIRED

Annexure number:	Existing limit value:
Limit requested:	Date of expected delivery:
Terms:	Orders on hand:
Bankers:	Branch:
Account number:	
Security offered:	Value:
Additional information or comments:	

HISTORY OF BUYER

Is this a new buyer? YES ☐ NO ☐	If no, turnover last 12 months: R
Current outstanding balance: R	Of which, how much is overdue? R
Have all payments been made on due date? YES ☐ NO ☐	
If no, give details:	

TRADE REFERENCES

Company name	Telephone Number	Fax Number	Credit Limit	Monthly Purchases	Date Acc Opened	Terms	Security	Payment Experience
1.	( )	( )						
2.	( )	( )						
3.	( )	( )						
4.	( )	( )						

DECLARATION

I acknowledge that service under this policy will be provided by Coface South Africa Services (Pty) Ltd, a company registered with FAIS number 4137. Further information is available on our website www.cofaceza.com or in printed format on request. We herewith acknowledge that we know of no adverse information which would affect the granting of a credit limit.

Signature: Name: Title: Date:

*Please ensure that the registration number (or ID numbers if Sole Proprietor or Partnership) is provided where applicable.