

# Clover Leaf Candles



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## THE CANDLE CRAFTSMEN

### CREDIT APPLICATION

#### ACCOUNT DETAILS:

1. Trade name of business: \_\_\_\_\_
2. Full name and address of proprietor of the business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
3. Street address at principal place of business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
4. Postal address of principal place of business: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
5. Delivery address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
6. Telephone number: \_\_\_\_\_ Facsimile number: \_\_\_\_\_  
Cell number: \_\_\_\_\_ Other contact number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
7. Name of contact person in Accounts Department: \_\_\_\_\_  
Telephone number for Account Department: \_\_\_\_\_
8. Name of contact person for buying: \_\_\_\_\_  
Telephone number for Buyer: \_\_\_\_\_
9. Will official order be used?  YES  NO

#### BUSINESS DETAILS:

1. Type of concern:  Close Corporation  Company  Sole proprietor  Partnership
2. Nature of business conducted: \_\_\_\_\_
3. Is your turnover/nett asset value in excess of R1 million? State YES or NO: \_\_\_\_\_
4. Registration number if Company or Close Corporation: \_\_\_\_\_
5. Date of incorporation if Company or Close Corporation: \_\_\_\_\_

6. VAT Registration Number: \_\_\_\_\_

7. Particulars of Directors / Members / Partners / Proprietors: (if more than two, please attach list)

a) Full Name: \_\_\_\_\_ b) Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

I.D. Number: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

**BANKERS:**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Code: \_\_\_\_\_

State name in which the account is operated: \_\_\_\_\_

Account Number:

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**TRADE REFERENCES AND ADDITIONAL INFORMATION REQUIRED:**

1. How long has the business (as per trading name) been trading? \_\_\_\_\_

2. State maximum credit limit required: \_\_\_\_\_

3. Has the applicant or any of its owners/partners/directors/members been declared insolvent or placed under liquidation within the last 5 years? \_\_\_\_\_

4. Trade References:

a) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

How long trading with supplier: \_\_\_\_\_

Average monthly purchases: \_\_\_\_\_ Payment terms: \_\_\_\_\_

b) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

How long trading with supplier: \_\_\_\_\_

Average monthly purchases: \_\_\_\_\_ Payment terms: \_\_\_\_\_

