



Unit 8, Sky Park, Cnr Manhattan and Munich Roads  
Airport Industria.

**VAT Registration no 4740201365**

Phone – 021 593 7450 Cell 076 391 1147

Cell 082 296 58 37

Email: operations@xtrasmile.co.za

Application for credit facilities  
Please type or print in block capitals

Full name.

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Trading name.

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Nature of organisation e.g. Company, Close Corporation Partnership etc.

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Registration No.

V.A.T. Registration No.

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Nature of business or products.

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Physical address.

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Postal address.

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Name of person responsible for payment of accounts

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Telephone

Fax

Cell

Email

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Date business established

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Is the business premises owned or rented

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If rented supply landlords name

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Please tick the form of ownership of the business

Company	Close Corporation	Partnership
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Sole proprietor	Other
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Full names and residential addresses (Post Box is not sufficient) of sole proprietor, all members or partners, all directors.

Name \_\_\_\_\_

ID No \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants banking details

Bank	Branch code	Account number
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Trade references

A	Telephone no
B	Telephone no
C	Telephone no

I the undersigned \_\_\_\_\_ hereby make application for credit facilities with Xtra Smile Couriers CC. I warrant that the information given above is true and correct and that I am authorised by the applicant to bind the applicant to the standard terms and conditions of Xtra Smile Couriers CC. I agree that all carriage will be subject to the standard terms and conditions as displayed on the waybill.

I agree that the decision to grant and withdraw credit facilities is at the sole discretion of Xtra Smile Couriers CC.

Should credit be granted it is on the understanding that payment is due and payable 30 days from monthly statement of account.

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day \_\_\_\_\_ of \_\_\_\_\_ 2020

Witness	Authorised signatory
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Bank details for account payment

Xtra Smile Couriers CC  
Standard Bank Constantia  
Branch code 025309  
Account number 271600225