



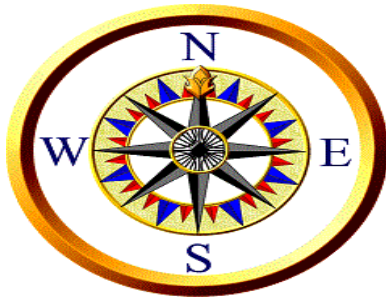
N.E.W.S Carriers

Reg: 2012/040387/07
VAT No: 4510 260 203
29 A Jan Smuts Office Park
24 Jones Road
Jet Park
Boksburg
1459

Tel: 011 392 1071 & 079 894 8476
Daniela: daniela@newscarriers.co.za
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The following documents needs to be returned for approval

1	Credit Application form
2	Questionnaire
3	Company or Close Corporation Registration Documents
4	VAT certificate
5	Current Tax Clearance Certificate
6	Copy of Directors or members ID's
7	Letter of authority to appoint a representative to sign the credit application on behalf of the directors or members



N.E.W.S Carriers

Credit Application

FULL NAME OF APPLICANT (Legal entity) _____

TRADING NAME: _____

POSTAL ADDRESS: _____

_____ CODE: _____

DELIVERY ADDRESS: _____

_____ CODE: _____

DATE COMPANY ESTABLISHED: _____

TEL _____ FAX: _____ CELL: _____

OPERATIONS CONTACT PERSON & EMAIL: _____

ACCOUNTS CONTACT PERSON & EMAIL: _____

COMPANY REGISTRATION NO: _____

NAME OF AUDITORS: _____

TEL NO: _____

ADDRESS: _____

DETAILS OF PARTNERS OR DIRECTORS (Name, Address, ID, Tel no)



N.E.W.S Carriers

BANKING DETAILS

NAME OF ACCOUNT HOLDER: _____

NAME OF BANK: _____

ACCOUNT NO: _____

BRANCH NO: _____

TRADE REFERENCES

	COMPANY	TEL NUMBER	CONTACT PERSON
1			
2			
3			
4			

- CUT OFF DATE FOR RECEIVING INVOICES: _____
- DO YOU ACCEPT SCANNED AND EMAILED COPIES OF INVOICES TO MEET YOUR CUT OFF FOR PAYMENT? (Y / N): _____
- PAYMENT TERMS (i.e. CASH, 7DAYS) _____
- WHAT DATE DO YOU MAKE PAYMENTS? : _____
- ON WHAT DAY OF THE MONTH DO YOU RECONCILE THE ACCOUNT FOR PAYMENT _____
- PLEASE NOTE: NO CHEQUES ACCEPTABLE



N.E.W.S Carriers

MAXIMUM CREDIT REQUIRED: _____

VAT NUMBER: _____

I WARRANT THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT IN EVERY RESPECT. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE STANDARD TRADING TERMS AND CONDITIONS ATTACHED HERETO AND AGREE THAT SUCH TERMS AND CONDITIONS SHALL BE BINDING UPON THE COMPANY IN RESPECT OF ALL TRANSACTIONS ENTERED INTO NOW AND HEREAFTER BETWEEN THE COMPANY AND N.E.W.S CARRIERS (PTY) LTD. I ACCEPT THE TERMS OF CREDIT

I FURTHER WARRANT THAT I HAVE THE NECESSARY AUTHORITY TO BIND THE COMPANY TO ATTACHED TERMS AND CONDITIONS FOR THE GRANTING OF CREDIT FACILITIES

SIGNED: _____ DATE: _____

NAME _____ CAPACITY: _____



N.E.W.S Carriers

SUMMARY:

CUT OFF DATE FOR RECEIVING INVOICES	
DATE RECONCILIATION ARE PREPARED	
PAYMENT DATE	
*NAME OF PERSON HANDELING PAYMENT QUERIES	
*CONTACT NUMBER FOR PERSON ABOVE	
*EMAIL FOR PERSON ABOVE	
POSTAL ADDRESS FOR ORIGINAL DOCUMENTS	
ARE COPPIED PODs ACCEPTABLE (YES/NO)	
ARE SCANNED DOCUMENTS ACCEPTABLE FOR PAYMENT (YES/NO)	
SPECIFIC REQUIREMENTS FOR INVOICING	

NAME OF REPRESENTITIVE

CAPACITY OF REPRESENTITIVE

SIGNATURE OF REPRESENTITIVE