



# CHRIS AUTO ELECTRICAL SPARES & REPAIRS CC

Reg. No. 97/42062/23



**HEAD OFFICE**  
212 Soutter Street  
Pretoria West 0183  
P.O. Box 8065  
Pretoria 0001  
Tel: (012) 327-5404/5/6  
Tel: (012) 327-6504/5/6/7  
Fax: (012) 327-6211

**WITBANK BRANCH**  
37B Stevenson Street  
Witbank X 25  
1035  
P.O. Box 8065  
Pretoria 0001  
Tel: (013) 692-7150  
Fax: (013) 692-7155

Web Address: [www.caelex.co.za](http://www.caelex.co.za)  
E-Mail: [caelex@pixie.co.za](mailto:caelex@pixie.co.za)

**FAX BACK TO:  
0866 212 645**

## APPLICATION FOR CREDIT FACILITIES

COMPANY NAME: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

V.A.T. NUMBER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

STATUS OF COMPANY (i.e. (PTY) LTD, CC): \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

STREET/DELIVERY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE - CODE: \_\_\_\_\_ NO: \_\_\_\_\_ FAX - CODE: \_\_\_\_\_ NO: \_\_\_\_\_

CELLPHONE NUMBER \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

CREDIT LIMIT REQUIRED: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON'S NAME - ACCOUNTS: \_\_\_\_\_ ORDERS: \_\_\_\_\_

DETAILS OF OWNERS/DIRECTORS/PARTNERS/MEMBERS - **TO BE COMPLETED IN FULL PLEASE.**

FULL NAMES AND SURNAME	STREET/HOME ADDRESS	I.D. NUMBER

BANKER'S NAME: \_\_\_\_\_

BANK BRANCH NAME: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

DELIVERY METHOD: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

(Rail, Crosscape Express, Spoed Vervoer, Spike Express, Ecco Transport, Post, etc.)

P.T.O \_\_\_\_\_ 2./.....



TRADE REFERENCES: 1) \_\_\_\_\_ TEL NO.: \_\_\_\_\_  
 2) \_\_\_\_\_ TEL NO.: \_\_\_\_\_  
 3) \_\_\_\_\_ TEL NO.: \_\_\_\_\_  
 4) \_\_\_\_\_ TEL NO.: \_\_\_\_\_

**PAYMENT**

Terms are strictly 30 days from date of statement. Payment should reach our offices or be transferred into our bank account by the 30<sup>th</sup> of the following month, failing which the account will be placed on hold until such time that payment is made.

**BUY-OUT**

Goods bought out by us on customer's request, will under **NO** circumstances be returnable.

**RETURN FOR CREDIT**

Only goods returned in their original state within 10 days of purchase will be accepted for credit, only if accompanied by your return for credit note and our invoice number on which goods were supplied. In the event of us agreeing, due to exceptional reasons, to accept goods after the 10 day period, we will levy a 10% handling charge.

**TRANSPORT CHARGES**

Customers are to bear these charges.

**CORRECTLY SUPPLIED GOODS**

Customers who return goods, which were correctly supplied, will bear transport charges and goods will be accepted to a 10% handling charge, even if they are returned before our 10 day period.

**IMPORTANT**

Attention is drawn to the fact that should your account exceed payment terms as agreed upon, the account will be conducted on a C.O.D. basis without further notice, all settlement discounts will be forfeited and will remain so until such time as account has been settled in full. Goods will be despatched after a copy of a deposit slip with a valid bank stamp for money deposited into our bank account for C.O.D.'s are faxed to us. **NO C.O.D INVOICES WILL BE TRANSFERRED TO THE ACCOUNT, EVEN IF THE ACCOUNT HAS BEEN SETTLED IN FULL! COST ON THE SCALE AS BETWEEN ATTORNEY AND CLIENT SHALL BE PAYABLE ON ANY ACCOUNT HANDED OVER TO OUR LAWYERS FOR COLLECTION.**

**SECURITY**

We at \_\_\_\_\_ hereby agree not to entice or encourage any staff of Chris Auto Electrical - *CAELEX* to take up employment with us or with any company with which we do or, will do business in future, as we understand that in good faith and in the interest of good business and service from Chris Auto Electrical - *CAELEX*.

I, \_\_\_\_\_ as a person authorised to sign on behalf of \_\_\_\_\_ will ensure that I personally inform all personnel who need to know this information in our company.

Chris Auto Electrical - *CAELEX* by its acceptance of this application for credit thereby assures its clients of the same security as above.

**THIS REPORT COMPILED BY:** (PRINT NAME) : \_\_\_\_\_

**DESIGNATION:** (DIRECTOR/SECRETARY/OWNER, ETC.) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

