

Retail Innovation PTY (Ltd)

2020/088873/07
 VAT: 4520295967

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**CREDIT APPLICATION FORM****BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
VAT number:		Company registration number:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Province:	POSTAL Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	Province:	POSTAL Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	Province:	POSTAL Code:
Type of account	Account number	
Savings		
Cheque		
Other		

BUSINESS/TRADE REFERENCES**1. Company name:**

Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:

2. Company name:

Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:

3. Company name:

Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice or before.
2. Claims arising from invoices must be made within seven working days of issue of invoice.
3. By submitting this application, you authorize Retail Innovation PTY Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

FOR THE COMPANY	FOR RETAIL INNOVATION PTY Ltd
NAME:	
Title: Date:	Title: Date:
Title: Date:	Title: Date:
Title: Date:	

PLEASE ATTACH COPIES OF RELEVANT ID DOC'S OF DIRECTORS / MEMBERS

OF COMPANY, CK1 DOCUMENTS AND VAT CERTIFICATE