



sales@mortoncontrols.co.za
www.mortoncontrols.co.za
Tel – 0861 000 393
Fax – 021 557 9095
CK 1996/013670/23
VAT # 4210156537

APPLICATION FOR CREDIT FACILITIES

We, the undersigned, apply for credit facilities with Morton Controls CC and furnish the following particulars:

1. Registered name of Applicant: _____

Trading as: _____
Public Company / Private Company / Closed Corporation / Partnership / Sole Trader / Other
2. Nature of Business: _____
3. Date Commenced / Incorporated: _____
4. Postal Address: _____

5. Delivery Address: _____

6. Contact Person (Accounts): _____
7. Telephone Number: _____
8. Fax Number: _____
9. Email Address: _____
10. Registration Number: _____
11. VAT Registration Number: _____
12. Names of Directors / Partners /
Members and I.D. numbers: _____



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13. Applicant's Bankers:

Name of Bank _____ Branch _____
Account No. _____

14. Trade References (1 year or longer)

14.1. _____ Tel No _____
14.2. _____ Tel No _____
14.3. _____ Tel No _____
14.4. _____ Tel No _____

15. Initial credit limit required: R _____

The undersigned acknowledges Morton Controls CC's conditions of sale, to which all deliveries and purchases are subject.

Name: _____

Signature: _____

Designation: _____

Date: _____

Company Stamp: