

BUSINESS CONTACT INFORMATION:

Registered Name:		Reg Number:	
Trading Name:		☐ Sole Proprietorship ☐ Partnership ☐ (Pty) Ltd ☐ Other Mark (X)	VAT Number:
Phone Number:			
E-mail:			Cell Number:
Street Address(Delivery) City Code			

BUSINESS & CREDIT INFORMATION:

How long at current address:		Bank Name:	
Name of accountant:		Amount of credit required in a 30 day period:	
Phone number:		Account number:	
E-mail:		Type of account:	☐ Savings ☐ Check ☐ Other

BUSINESS/TRADE REFERENCES:

<u>Company Name:</u>		Phone:	
Address:		Contact Name:	
City, State, Zip Code:		E-mail:	
Terms:		Other:	
<u>Company Name:</u>		Phone:	
Address:		Contact Name:	
City, State, Zip Code:		E-mail:	
Terms:		Other:	



DREAM WEAVER TRADING 86 (PTY) LTD



SURETYSHIP:

Name:		Name:	
Phone:		Phone:	
E-mail:		E-mail:	
Address:		Address:	

I/We the undersigned agree to be held liable as co-surety for the debt on behalf of _____ (Company Name) upon signature of this agreement.

Signature:

Date:

Signature:

Date:

AGREEMENT:

1. All invoices are to be paid 30 days from the date of the invoice. Outstanding amounts shall bear interest.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize Dream Weaver Trading 86 (Pty) Ltd to make inquiries into the banking and business/trade reference that you have supplied.
4. The information supplied is correct.

SIGNATURES:

Signature:		Signature:	
Name & Surname:		Name & Surname:	
ID Number:		ID Number:	
Position:		Position:	
Date:		Date:	



DREAM WEAVER TRADING 86 (PTY) LTD

