

<b>CREDIT APPLICATION FOR A BUSINESS ACCOUNT WITH EAST COAST ROADSIDE EMERGENCY SERVICES cc</b>			
<b>APPLICANT BUSINESS CONTACT INFORMATION</b>			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
<b>Registered company address</b>			
Street Address:		City:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
<b>APPLICANT BUSINESS AND CREDIT INFORMATION</b>			
<b>Primary business address</b>			
Street Address:		City:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
<b>Banking Details</b>			
Bank Name:		Type of Account:	
Account Number:		Branch:	Branch Code:
<b>APPLICANT BUSINESS/TRADE REFERENCES</b>			
<b>1. Company name:</b>			
<b>Address</b>			
Street Address:		City:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>2. Company name:</b>			
<b>Address</b>			
Street Address:		City:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>3. Company name:</b>			
<b>Address</b>			
Street Address:		City:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>AGREEMENT</b>			
<ol style="list-style-type: none"> <li>All invoices are to be paid 30 days from the date of the invoice.</li> <li>Queries on invoices must be made within seven working days.</li> <li>By submitting this application, you authorize East Coast Roadside Emergency Services to make inquiries into the banking and business/trade references that you have supplied, and to perform necessary credit checks.</li> <li>Either party may terminate the business relationship without prior notice. If termination of the business relationship should occur, then all outstanding invoices are to be paid within 30 days from date of invoice, as per Agreement.</li> </ol>			
<b>SIGNATURES</b>			
Title:		Title:	
Date:		Date:	

Please Fax Back Completed Form To: **0866915215**  
Or e-Mail to: **accounts@oncall24.co.za**