

CREDIT APPLICATION / CLIENT INFORMATION

We shall not be able to consider this application unless fully completed, in every respect. Please note that all business undertaken by us is exclusively on the basis that our Standard Trading Terms & Conditions shall always apply, and is available upon request.

DETAILS OF APPLICANT

Close Corporation	Public Company	Private Company	Sole Proprietor
Registered Company Name: _____			
Trading Name: _____			
Holding Company: _____			
Company Registration No: _____		Date Established: _____	
VAT #: _____			
Business Physical Address: _____			
			Code: _____
Business Postal Address: _____			
			Code: _____
Telephone No: _____		Fax No: _____	
Cell No: _____			

SHAREHOLDING / MEMBERSHIP / PARTNERS

Full Name Individual / Business	Position	%Equity	ID No.	E-mail Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

ACCOUNTS CONTACTS

Full Name Individual	Position	ID No.	E-mail Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Initials: _____

Associated Companies:

Charter International Freight (Pty) Ltd t/a Pioneer Freight	Pioneer Freight Durban (Pty) Ltd t/a Pioneer Freight	Pioneer Freight International Co. Ltd	SA Postal Address
1 Manhattan Street Airport Industria II Cape Town South Africa	26 Alpha Crescent Umbilo, Durban South Africa	Suite D, 6th floor, Zhen Ye Building, Tower A, 2014 Bao An Road South Luo Hu District Shenzhen, China 518001	P.O.Box 201 Plumstead 7800 Cape Town South Africa
T +27 21 392 5878 F +27 21 392 4038	T +27 31 465 5930 F +27 31 465 5949	T +86 755 22200821 / 82326468 F +86 755 82347223	

SENIOR & KEY MANAGEMENT DETAILS

Full Name Individual	Position	ID No.	E-mail Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

OPERATIONS / DAY TO DAY CONTACTS

Full Name Individual	Position	ID No.	E-mail Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

FINANCE / CREDIT

Bank Name: _____ Branch Code: _____
Account Number: _____
Invoices to be Forwarded to: _____ E-mail Address: _____
Statements to be Forwarded to: _____ E-mail Address: _____

All clients will be deemed COD, should you require credit please complete the below:

Term Days Requested From Invoice: _____ Requested Credit Limit: _____

*A disbursement fee applies for 30 day terms COD 7 days 14 days 30 days

OPERATIONAL REQUIREMENTS

Air Imports Sea Imports Air Exports Sea Exports Intl. Courier Domestic

Nature of your Business: _____
Key Functions of your Business: _____
Customs Code(copy of SARS letter required): _____
Previous Freight Agent: _____

Initials: _____

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1 Manhattan Street
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Cape Town
South Africa

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Pioneer Freight International Co. Ltd

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Shenzhen, China 518001

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F | +86 755 82347223

SA Postal Address

P.O.Box 201
Plumstead
7800
Cape Town
South Africa

TRADE REFERENCES (Please do not list our opposition as trade references)

Name	Contact	Tel No.	E-mail Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

AUTHORITY TO THE AUDITORS

I / We hereby authorize you to furnish the official of Pioneer Freight Johannesburg presenting this document with such information relating to the Financial Statements of this organization that Pioneer Freight Johannesburg may require in order to assess the credit worthiness of this organization.

Auditors / Accounting Officer: _____

Contact Name: _____ Tel No: _____

E-mail Address: _____

The Customer acknowledges that all business conducted is subject to the Standard Trading Terms & Conditions (copy available on request).

The Customer further acknowledges and consents to the receipt of all Account related correspondence (Including but not limited to: Invoices and Statements), via SARS approved electronic means (e-mail, internet)

Further, the applicant grants permission for the references to supply to the company the information requested. The applicant accepts that the company will assess the credit worthiness of the applicant within the accepted practices of the company, the outcome of the assessment being at the sole discretion of the company.

The applicant grants permission to the company for a credit check.

Outstanding accounts are subject to default listing on a national bureau database.

Pioneer Freight Johannesburg reserves the right to provide a national credit bureau with updated personal information on default.

The applicant also consents that Pioneer Freight Johannesburg may use a national credit bureau database for tracing, should the applicant abscond and will be liable for all fees to collect the debt.

The applicant hereby agrees that should they default on payment, Pioneer Freight Johannesburg reserves the right to make this information available to the industry and affiliated business.

Initials: _____

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The signatory warrants that he/she is duly authorized to make this credit application and to appoint Pioneer Freight Johannesburg or any other name, or any subsidiary or associated companies, under these terms and conditions.

I / We the undersigned (Shareholder / Director or Member) _____

In my /our capacity as the duly empowered authorized representative(s) of the Applicant ("the DEBTOR") hereby apply for credit facilities from Pioneer Freight Johannesburg (PTY) LTD, Registration number 2015/402767/07. I/We warrant that the above information is, to the best of my /our knowledge and belief, complete, accurate and truthful, and is submitted as a basis for consideration of my /our application:

Designated Customer Representative Signature: _____

Date: _____

* Please note this person also gives consent to credit checking should credit be required.

FOR OFFICE USE

Details received by: Full Name: _____ Signature: _____

Credit Terms Approved: Days from Inv.: _____ Limit: _____

Approved by: Full Name: _____ Signature: _____

Date: _____

Approved by: Full Name: _____ Signature: _____

Date: _____

Sales Rep: _____

Client Liaison: _____

Other: _____

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