## **CREDIT APPLICATION FOR RENTAL**



DC van Rooyen Office Equipment & Computers t/a Ronmar Office Equipment
P.O. BOX 6885, Flamwood, Klerksdorp, North West 2572
73 Platan Avenue, Flamwood, Klerksdorp, North West 2572

VAT No. 4280105968 Reg. No 1989/007689/23 Tel: 018 468 1111 Fax: 018 468 1065

(Please tick the appropriate box	()			
Existing User	New User			
Salesperson Existing Account No		Cell No.		
Existing Account No.		_		
REGISTERED DETAILS	(Annual database update)			
(Pty) Ltd Ltd	P/Ship CC Sole	Prop Trust Ass	Other G	ov
Registered Name:				
Trading Name/Division/D	Department:			
Registration No		VAT No		
Trading Since (e.	g. Jan) (e.g. 1980)	(Please supply a business letterh	ead)	
Holding Company:		Listed Y	N	
Can the finance company co	ontact you confidentially to obtain your late	est audited financial results?	Υ	N
Contact Person: Initials: _	Surname:		Tel:	
EQUIPMENT DETAILS				
New (Equipment applied for) Escalation: Rental:				
Quantity	Model	Rental	Pe	eriod
Upgrade (Equipment bei				
Model	Serial No. (Ronmar Only)	Rental Outst	anding Period	Settlement
I. I/We acknowledge and agree	e that the finance company may perform a credit	t search on my/our records when assessin	g this application, and may	
	spect of this, and future applications from me/us			
	of my/our knowledge and belief the particulars sion of the finance house has been withheld.	set out in this application are true and cor	rect and that no informatio	n
Ŭ.	ouse to furnish or to disclose any information ar	ising from any agreement entered into wit	th the finance house to any	
4. I/We confirm that I am not co	urrently under debt review and am not subject t	o any debt rearrangements orders.		
5. Sole proprietors only - I agree month's recent bank stateme	e that I will provide proof of my latest Income an ents.	nd Expenditure, Statement of Assets and Li	abilities, plus 3 consecutive	
Print Name:		Capacity:		
Client Authorised Signa	ature:	Date: _		

(Please tick the appropriate box) BUSINESS DETAILS	
Physical Address	
Filysical Address	Code:
Postal Address same as above Y (If no, please complete)	N
	Code:
Telephone No:	
Website:	
FULL DETAILS OF DIRECTORS/MEMBERS/TRUSTEES/SHARE	HOLDERS (ONLY COMPLETE IF 4 OR LESS MEMBERS)
First Name:	Surname:
Identity No:	RSA ID Y N
First Name:	Surname:
Identity No:	RSA ID Y N
First Name:	Surname:
Identity No:	RSA ID Y N
First Name:	Surname:
Identity No:	RSA ID Y N
BANKING DETAILS	
	NB ABSA NEDBANK
Other:	
Branch Name:	
Account No:	Account Holder:
Account Opened: (e.g. Jan) (e.g. 198	80)
ADDITIONAL COMMENTS	