

# Packtown Business Credit Application

## Name/Address

Last:	First:	Initials:	Title
Name of Business:			Tax/I.D. Number
Address:			
City:	ZIP:	Phone:	

## Company Information

Nature of Business:		In Business Since:			
Legal Form Under Which Business Operates:					
Sole Ownership	Partnership	Close Corp	PTY Ltd	Public Company	Other
E-Mail Add:					
Cell Number:					
Name of Company Principal Responsible for Business Transactions:					
Address:		City:	ZIP:	Cell:	

## Bank References

Institution Name 1:	Institution Name 2:	Institution Name:	
Type of Account:	Type of Account #:	Home Equity Loan:	Loan Balance:
Account #:	Account #:	Address:	
Phone:	Phone:	Phone:	

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Credit Required: \_\_\_\_\_ Credit Terms Required: \_\_\_\_\_

Estimated Monthly Purchases: \_\_\_\_\_

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

**Please provide copy of ID documentation.  
Please return to [accounts@packtown.co.za](mailto:accounts@packtown.co.za)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date