

**APPLICATION FOR 30 DAY CREDIT**

**P.E. OPTICAL CC (Glass) / A-Z OPTICAL CC (CR39)**

CK95/35537/23

CK98/64057/23

P. O. BOX 34252  
NEWTON PARK  
PORT ELIZABETH  
6055

34a THIRD AVENUE  
NEWTON PARK  
PORT ELIZABETH  
6045

Tel: 041 363 3983

Fax: 041 363 3985 OR 086 631 8844

[accounts@peoptical.co.za](mailto:accounts@peoptical.co.za)

**KINDLY COMPLETE FORM IN FULL**

FULL NAME OF APPLICANT / OWNER: \_\_\_\_\_

HOME ADDRESS OF OWNER/MAIN MEMBER/SHAREHOLDER: \_\_\_\_\_

I.D. NO: \_\_\_\_\_ CC/CO. REG. NO: \_\_\_\_\_

VAT REGISTRATION NO: \_\_\_\_\_

TRADE NAME OF BUSINESS IN FULL: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

CELLPHONE NO: \_\_\_\_\_ E-mail: \_\_\_\_\_

POSTAL ADDRESS: (To which invoices/statements should be sent) \_\_\_\_\_

NAME & CAPACITY OF CONTACT PERSON: \_\_\_\_\_

**TRADE REFERENCES**

KINDLY FURNISH NAMES & TEL. NUMBERS OF TWO FIRMS YOU AT PRESENT HAVE CURRENT ACCOUNTS WITH.

1 NAME: _____	2 NAME: _____
ADDRESS: _____	ADDRESS: _____
TEL: _____	TEL: _____

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

- 1 I, \_\_\_\_\_, PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT.
- 2 I UNDERSTAND THAT PAYMENT IS DUE WITHIN 30 DAYS AFTER STATEMENT DATE AND THAT OWNERSHIP OF ALL GOODS DOES NOT PASS UNTILL FULLY PAID FOR.
- 3 SHOULD THE NEED ARISE, I AGREE TO PAY ALL COLLECTION COSTS ON THE SCALE AS BETWEEN ATTORNEY AND OWN CLIENT, INCLUDING TRACING FEES AND COMMISSION.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Please fax completed application to 086 631 8844