



### Name /Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D Number
Address:			
City:	State:	Zip:	Phone:

### Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Company <input type="checkbox"/>	Corporate <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	
<b>VAT NO:</b>	<b>Tax NO:</b>			
Regnr:	In Business since:			
Name of Company Principle Responsible for Business Transactions:	Title:			
Address:	City:	State:	Zip:	Phone:
Name of Company Principle Responsible for Business Transactions	Title:			
Address:	City:	State:	Zip:	Phone:

MBS Transport CC Reg. No.: 2005/068950/23

P.O. Box 73872, Lynnwood Ridge, 0040 - 466 Farm Leeuwfontien, Bronkhorstspruit, Gauteng, 1020  
 Tel: +27 13 930 1923 Fax: +27 13 930 1920 - Email: [mervins@mbstransport.co.za](mailto:mervins@mbstransport.co.za) /  
[gillians@mbstransport.co.za](mailto:gillians@mbstransport.co.za)

Managing Members: M.B. Shkaidy, G.N. Shkaidy

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

## Trade References

(Your Company Name):	(Your Company Name):	(Your 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:

## Financial Information

<b>Company Total Assets</b>	<b>Company Total Liabilities</b>	<b>Annual Net Income</b>	<b>Amount of credit requested:</b>
Have you or your officers or affiliates ever filed a petition for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your company subject to any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, describe:			

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[gillians@mbstransport.co.za](mailto:gillians@mbstransport.co.za)

Managing Members: M.B. Shkaidy, G.N. Shkaidy

I/We, the undersigned, do hereby warrant that all information recorded in this application is true and correct and the consequences of false information is appreciated.

I/We, will abide by your normal terms of credit, which are 30 days from date of statement.

I/We, agree that interest at the current bank rate will be charged on all overdue accounts, once notice has been given to this effect.

I/ We, authorize the company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks obtaining credit reports. We authorize all trade references banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

THUS PROPOSED AND SIGNED ON BEHALF OF THE CUSTOMER BY WHO WARRENTS BY HIS SIGNATURE HEREUNDER THT HE/SHE IS DULY AUTHORISED TO BIND THEB CUSTOMER TO THIS AGREEMENT, AND WHO BINDS HIMSELF AS SURETY AND CO-PRINCIPAL DEBTOR IF HE SIGNS IN REPRESENTABLE CAPACITY AS PER THE ANNEXED SURETYSHIP.

AT..... ON THIS ..... DAY OF ..... 20.....

.....  
Name of Company

.....  
Authorized Signature

.....  
Title

.....  
Printed Name

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