



(Office use only)

INSPECTION POINT:

SUBMIT TO: yolanda@nejahmogul.co.za OR michelle@nejahmogul.co.za

REGISTRATION & CREDIT APPLICATION FORM

CUSTOMER INFORMATION			
Trading name			
Registered Company Name Title			
Company Registration Number			
VAT NO			
Contact Person			
Physical Address			
Postal address		Postal Code	
Landline		Fax No.	
Cell Number		Email	
PERSONAL DETAILS OF THE OWNER/PARTNERS/ DIRECTORS/TRUSTEE			
First names & Surname			
Identity Number			
Physical address		Postal Code	
First Names & Surname			
Identity Number			
Physical address		Postal Code	
CUSTOMER CREDIT INFORMATION			
Contact person responsible for payment			
Tel No		Fax	
Service required		Import inspection	Local inspection
Name of auditors		Contact No. of Auditors	
Maximum credit limit per month			
Please note credit applications are subject to credit vetting applications			
CUSTOMER BANKING DETAILS			
Name of Bank		Account Name	
Account NO:		Branch	
CUSTOMER TRADE REFERENCES			
Trade References Name		Tel NO:	
Physical address		Postal code	
Trade References Name		Tel NO:	
Physical address		Postal code	
FORWARDING AGENT (IF APPLICABLE)			
Trading Name		Email	
Physical address			
Contact Number		Contact Person	
Date completed		Signature	