

MAHINDRA NELSPRUIT

JURISTIC APPLICATION FOR FINANCE

GOODS DESCRIPTION	NEW	YEAR	MAKE _____		M&M CODE <input type="text"/>						
	DEMO USED		MODEL _____								
DEALER MAHINDRA NELSPRUIT					TEL NO. (013) 755-5024						
F&I CONTACT PERSON Michelle Marx SALESPERSON:			ABSA CAPITEC MFC STANDARD BANK WESBANK		E-mail: fri@siimg.co.za						
CASH PRICE VAT INCL.	R	VARIABLE EXTRAS VAT INCL.			<input type="checkbox"/>	INSTALMENT	<input type="checkbox"/>	LEASE	<input type="checkbox"/>	CONSUMER LEASE	
ON ROAD CHARGES	R 6 500.00	SCOTCH GAURD	R	TERM/PERIOD							
LICENSE FEE	R	AUTOSURE SCRATCH& DENT	R	RATE- LINKED / FIXED							
SMASH & GRAB	R	TRACKER	R	SMART	R						
DEPOSIT/TRADE IN	R	WARRANTY	R	GLASFIT	R						
PRINCIPLE DEBT	R	BALLOON %		BALLOON AMOUNT	R						
TYPE OF ENTITY	COMPANY REG NO.										
COMPANY NAME:											
<input type="checkbox"/>	CC	<input type="checkbox"/>	TRUST	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	CHURCH	<input type="checkbox"/>	OTHER		
COMPANY ADDRESS:								PERIOD			
COMPANY POSTAL ADDRESS:								CODE			
TEL(H)	TEL(W)	CELL	FAX	E-MAIL							
NATURE OF BUSINESS:						NO. YEARS IN BUSINESS:		YRS	MTS		
LANDLORD NAME & ADDRESS:											
BANKING DETAILS - COMPANY											
BANK NAME:			BRANCH NAME:			BRANCH CODE:					
NAME OF ACCOUNT :						ACCOUNT NO.:					
<input type="checkbox"/>	CREDIT CARD	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	TRANSMISSION	<input type="checkbox"/>	CURRENT				
LANGUAGE PREFERENCE											
<input type="checkbox"/>					ENGLISH (PRIMARY)	<input type="checkbox"/>					AFRIKAANS (FOR AN EXPLANATORY VERSION)
PREVIOUS OR CURRENT AMOUNTS OWING TO FINANCIAL INSTITUTIONS:						INSURANCE COMP BROKER:					
NAME:	ACCOUNT No.	INSTALMENTS	BALANCE OWING	INSURER:							
				POLICY NUMBER:							
				TEL NO:							
				RENEWAL DATE:							
				CONFIRMED BY:							
FULL NAME & ID NO OF ALL DIRECTORS/MEMBERS/PARTNERS/TRUSTEES – INDICATE IF PREPARE TO GUARANTEE FACILITY/DEAL*											
NAME:	ID NO:	* YES / NO	% SHARES								
AUTHORISED SIGNATORIES AS PER RESOLUTION:											
NAME:	IDNO:	DESIGNATION									

I/We the undersigned hereby authorize this Credit Provider to contact my/our Bankers and/or auditors and I/we authorize my/our bankers/auditors to disclose to this Credit Provider, details and copies of my/our accounts and financial statements.

I/We the undersigned hereby consent to this Credit Provider making enquiries regarding my/our credit history with any credit bureau.

The Bankers/Auditors may disclose confidential information regarding my/our accounts and financial position to this Credit Provider and provide them with copies of my/our financial statements.

I/We do not have applications pending for credit, nor open quotations as envisaged in section 92 of the National Credit Act.

I/We confirm herewith that I/we are duly authorized to consent to the above.

Signature _____

Date _____