

APPLICATION FOR CASH FACILITIES / STRICTLY CONFIDENTIAL

REGISTERED NAME OF COMPANY / CLOSE CORPORATION / PARTNERSHIP / CO OPERATIVE / INDIVIDUAL

TRADE NAME

REGISTRATION NO OF CO/CC & VAT NUMBER

STREET ADDRESS

Please provide a Physical address which will also serve as your **domicillum citandi** for your future transactions with Exxaro Coal (Pty) Ltd.

POSTAL ADDRESS

DELIVERY ADDRESS

E-MAIL ADDRESS:

TYPE OF BUSINESS

INDUSTRY

PRODUCTS

COUNTRIES EXPORTED TO

COMPANY	PARTNERSHIP
SOLE TRADER	CLOSE CORP.

DIRECTORS/MEMBERS/OWNERS

IDENTITY NUMBER

SHAREHOLDING IN CO/CC/BUSINESS

CUSTOMER CONTACT

1. FINANCIAL MANAGER:
2. CREDITOR'S CLERK:
3. BUYER:

TEL NO

FAX NO

**BANK:
BRANCH:
BRANCH CODE:**

ACCOUNT NO:

TRADE REFERENCES

PERSON

TEL NO

1. _____
2. _____
3. _____

NOTE

1. This is merely an application form and is subject to final approval.
2. Signing this application authorises Exxaro Coal (Pty) Ltd. to make the necessary trade enquiries.
3. Approval of the application will be subject to Exxaro Coal (Pty) Ltd. General Conditions of Sale. (See overleaf)
4. If credit facilities are approved, I accept the payment terms of 30 days after invoice date, or earlier.
5. If payment is overdue – credit facilities may be stopped without prior notice.
6. If credit limit is exhausted, a new application should be completed and approved before next deliveries can resume.

By signing this application we/I do hereby agree to Exxaro Coal (Pty) Ltd. General conditions of sale.

FINANCIAL DIRECTOR/MANAGER/MEMBER/OWNER - DULY AUTHORISED THERETO

20____/____/____

