



Credit Application				
Business Information				
Date Business Established:				
Business Trade Name:				
Registered Business Name				
Registered Business Street Address:				
Suburb, Province, and Post Code:				
Contact Details:	Phone:	Fax:		
Reg & VAT Numbers:	Co Reg No.:	VAT No.:		
Suburb, Province & Post Code:			Importers Code:	
Purchasing Information				
	Authorised Purchaser 1	Authorised Purchaser 2	Accountant	
Name:				
Position:				
Email Address:				
Credit Limit Required:	R		Mandatory Field	
PLEASE COMPLETE				
Payment Terms (Select Applicable Option):	30 Days from Month End Statement	7 Days from Weekly Statement	7 Days from Bi-monthly Stmt.	Cash in Advance
Bank:			Tel no.:	
Branch:				
Acc. Number & Branch Code:				
Details of all proprietors and directors				
1. Name:			ID No.	

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Address:		Phone:	
2. Name:		ID No.	
Address:		Phone:	
3. Name:		ID No.	
Address:		Phone:	
Trade References			
1. Name:		Phone:	
Contact:		Acc. No.: Credit Limit:	
2. Name:		Phone:	
Contact:		Acc. No.: Credit Limit:	
Please advise if Marine INSURANCE is required	Valuation method:	YES	NO
<i>Should no mark appear indicating insurance preference, no cover will be put in place on behalf of the applicant.</i>			
The Customer has read, understood, and agrees to be bound by the Terms of Supply which are available on request, or on www.amx.global Customer further agrees that credit checks will be undertaken for the credit limit in request.			
Customer Authorised Representative (Director/ Proprietor/ Partner):			
Full Name:		Signature	
Capacity:		Date:	



Additional Required Documentation Checklist

- Please initial on the bottom right hand corner of every page
- Copy of Company Registration Certificate / CK2 to be attached
- Copy of ID books for all Directors to be attached
- Copy of company letterhead to be attached
- Copy of latest Annual Financial Statements / Management Accounts