5napfin	Business Instalment Credit Application - SA104B Snapfin is the credit division of Snap-on Africa (Pty) Ltd and a registered credit provider NCRCP606 Tel: 086 176 2766 eMail: finance@snapon.co.za ease request and complete the Personal Application (SA104P)														
If you are an employee, plea	ase re	quest	and co	omple	te the	Perso	nal A	oplicat	tion (S	A104	?)				
Snap-on Authorised Dealer and today's date:									Y	Y	Μ	Μ	D	D	
Do you have an account with the Dealer?	Yes		No		ļ	Account	numbe	r if yes							
Type of Business:	Sr	ole Prop		Par	tnership		C	ompany		Clo	ose Corp	ļ			
Full Name of the Person Signing this Application:	<u> </u>														
Capacity of the Authorised Person:	Pr	oprietor			Partner		l	Director		1	Vember				
Authorised Person's ID Number:	ļļ												[
Authorised Person's Cell Phone Number:	ļļ			-				-							
Authorised Person's e-Mail Address:	ļ														
Authorised Person's Street Address:															
										Postal code					
Registered Name of the Business:															
Trading Name of the Business:	<u> </u>														
Company or CC Registration Number:					/							/			
VAT Registration Number (if applicable):															
National Credit Act Declaration:		Annual Turnover or Business Assets exceed R1,000,000? Yes											No		
(Gen = Generic Scorecard) BEE Accreditation / Valid until:	EME		QSE		Gen		Level		Y	Y	Μ	M	D	D	
How long as the business being running:	< 1yr		1yr +		2yr +		3yr +		4yr +		5yr +		6yr +		
Business Street Address:															
Town/Suburb and Postal Code:								Pos	Postal code						
Business Contact Number:				-				-							
How long as the business operated from this address:	< 1yr		1yr +		2yr +		3yr +		4yr +		5yr +		6yr +		
Are the premised owned (if no provide landlord's name) :	Yes		No												
Landlord Postal Address:	<u> </u>														
									Postal code						
Business Accounts Department Contact Name:	<u> </u>														
Contact Number:				-				-							
Postal Address:	<u> </u>														
Town/Suburb and Postal Code:	<u> </u>								Postal code				ļ		
Email Address:															
Bank Name and Account type:	<u> </u>						Cheque			Savings		Trans	mission		
Branch name and code:	ļ														
Account Number:															
Preferred day for instalment debit order:	1st		7th		15th		25th		Last						
Trade Reference 1 - Supplier's Name:	<u> </u>														
Contact Person:	<u> </u>														
Phone Numbers:				-			i	-				i			
Trade Reference 2 - Supplier's Name:															
Contact Person:															
Phone Numbers:				-				-							
Documentation required: Proof of signat					t 3 mo	nths b	ank st	atem	ents a	nd pro	of of a	addre	ss		
We declare that, to the best of our knowledge and belief, the al complete and up to date	above information is accurate,					PRINT & SIGN									
We authorise Snapfin to access our personal information for the purpose of conducting a											Er		h suppo locumer		
credit check We consent to the release of our consumer credit information l	ck nt to the release of our consumer credit information by the credit bureaus to										fin		snapon.		
						ised Sig	nature (Signato	ry warr	ants his	authori	ty to sig	gn):		