



## Business Credit Application - ZAD104B

Snapfin is the credit division of Snap-on Africa (Pty) Ltd (NCRCP606)  
0861 726 766 eMail: finance @snapon.co.za

**If you are an employee, please request and complete the Personal Application (ZAD104P)**

All Applications	Snap-on Authorised Dealer and today's date:				Y	Y	M	M	D	D	
	Authorised Dealer account	Yrs	Mths	Paid Mth	Paid Wk	Acc. No.					
	Do you wish to convert your Dealer Account to a Snap-on Account?	Yes	No	Total monthly regular payment:							
	A Snap-on Account is offered by Snapfin. Your purchases are usually repaid over 12 months and include interest (after 90 days) and service fees. At least three months of regular payments to an Authorised Dealer and copy of ID are required to convert a Dealer Account to a Snap-on Account. The monthly service fee is waived on Snap-on Accounts paid by debit order.										
	Type of Business:	Sole Prop	Partnership	Company	Close Corp						
	Full Name of the Person Signing this Application:										
	Capacity of the Authorised Person:	Proprietor	Partner	Director	Member						
	Authorised Person's ID Number:										
	Authorised Person's Cell Phone Number:										
	Authorised Person's e-Mail Address:										
	Authorised Person's Street Address:										
	Postal code:										
	Registered Name of the Business:										
	Trading Name of the Business:										
	How long as the business being running:	< 1yr	1yr +	2yr +	3yr +	4yr +	5yr +	6yr +			
	Company or CC Registration Number (if applicable):	/ /									
	VAT Registration Number (if applicable):										
	Business Street Address:										
	Town/Suburb and Postal Code:										
	Postal code:										
	Business Contact Number:										
	How long as the business been at this address:	< 1yr	1yr +	2yr +	3yr +	4yr +	5yr +	6yr +			
	Are the premises owned (if no landlord's name):	Yes	No								
	Landlord Postal Address:										
	Postal code:										
Business Accounts Department Contact Name:											
Contact Number:											
Postal Address:											
Town/Suburb and Postal Code:											
Postal code:											
Email Address:											
Bank Name and Account type:				Cheque	Savings	Transmission					
Branch name and code:											
Account Number:											
Preferred day for instalment debit order:	1st	7th	15th	25th	Last	Weekly on a					
National Credit Act Declaration:	Does your Annual Turnover or Business Assets exceed R1,000,000?					Yes	No				
(Gen = Generic) BEE Accreditation / Valid until:	EME	QSE	Gen	Level	Y	Y	M	M	D	D	
Trade Reference 1 - Supplier's Name:											
Contact Person:											
Phone Numbers:											
Trade Reference 2 - Supplier's Name:											
Contact Person:											
Phone Numbers:											
<b>Docs required: Proof of Signatory's ID, Company's bank statements for the last 3 months and proof of address</b>											
All Sign	I declare that, to the best of my knowledge and belief, the above information is accurate, complete and up to date										
	I authorise Snapfin to access our personal information for the purpose of conducting a credit check										
	I consent to the release of our consumer credit information by the credit bureaus to Snapfin										
Signature											