

# BRYANSTON EXECUTIVE CARS **Juristic Application for Finance**

Tel 011-787 5555 executivecars@work.co.za Dealer code 9015 (Wesbank)

**Type of Entity:**

Co  CC  Partnership  Trust  Club/Church  Other

If Trust, no.Trustees \_\_\_Any Trustee a juristic person? Y  N

% Black owned \_\_\_ Co/CC/Trust Reg.No. \_\_\_

Co/CC/Trust Name(Reg. Name) \_\_\_\_\_

Trading Name \_\_\_\_\_

Tax No. \_\_\_\_\_ VAT No. \_\_\_\_\_

Holding Company Registration Number \_\_\_\_\_

Holding Company Name \_\_\_\_\_

Address:(Yrs \_\_\_Mnths \_\_\_) \_\_\_\_\_

Suburb \_\_\_\_\_ Post ' Code \_\_\_\_\_

**Postal Address:**(If Different from Residential) \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Landlord's Details:** (Name & Address of Landlord if not owner of property)

**Landlord's Name:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_

Suburb \_\_\_\_\_ Postal Code \_\_\_\_\_

**Banking Details:** Banker's Name \_\_\_\_\_

Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

A/C No. \_\_\_\_\_

Name of Auditors/Bookkeepers \_\_\_\_\_

Auditor's Contact Person \_\_\_\_\_ Tel No.( \_\_\_\_\_ )

Ann. Turnover:R \_\_\_\_\_ Net Asset val:R \_\_\_\_\_

**Previous or Current Amounts owing to Financial Institutions:**

Name	Account No.	Instal. Amount	Bal.Owing

**Description of other Property registered in Company Name:**

Stand No. \_\_\_\_\_ Suburb \_\_\_\_\_

Bondholder Name \_\_\_\_\_

Bondholder Address \_\_\_\_\_

Purchase Price R \_\_\_\_\_ DateofPurchase \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Value R \_\_\_\_\_ Outst.Value-bond R \_\_\_\_\_

**Financial Details:**

Selling Price (VAT inclusive) R \_\_\_\_\_ , \_\_\_\_\_

Extras Description \_\_\_\_\_ R \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_ R \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_ R \_\_\_\_\_ , \_\_\_\_\_

**Total of Extras** R \_\_\_\_\_ , \_\_\_\_\_

**Sub Total** R \_\_\_\_\_ , \_\_\_\_\_

Insurance R \_\_\_\_\_ , \_\_\_\_\_

Insurance R \_\_\_\_\_ , \_\_\_\_\_

Insurance R \_\_\_\_\_ , \_\_\_\_\_

Less Deposit /Initial Rental R \_\_\_\_\_ , \_\_\_\_\_

**Principal Debt** R \_\_\_\_\_ , \_\_\_\_\_

Trade Price R \_\_\_\_\_ , \_\_\_\_\_ Retail Price R \_\_\_\_\_ , \_\_\_\_\_

Residual/ Balloon Value R \_\_\_\_\_ , \_\_\_\_\_

Initiation/ Processing Fees to be financed? Y  N

I/We the undersigned hereby authorise this Credit Provider to contact my/our Bankers and/or auditors and I/we authorise 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.

**Dealer Code 9015** \_\_\_\_\_ Orig. Branch **DNF**

Input Branch \_\_\_\_\_ Cr.Prov.Intr Brn \_\_\_\_\_

Fax No.**011 7875533**

LeadProv \_\_\_\_\_ ID No. \_\_\_\_\_

**BuyLne:** \_\_\_\_\_ **AccNo:** \_\_\_\_\_ **SIC:** \_\_\_\_\_

**Language of Choice:** English  Afrikaans  Other

Registered Office Address \_\_\_\_\_

No.years in business \_\_\_\_\_ Nature of Business \_\_\_\_\_

TelNo.( \_\_\_\_\_ ) Fax No.( \_\_\_\_\_ )

E-mail Address \_\_\_\_\_

**Authorised Signatories as per resolution**

Name	ID No.	Designation

Indicate if prepared to guarantee facility/deal \* \_\_\_\_\_

**FULL Names & ID No. of all Directors/Members/Partners/Trustees**

Name	ID No	*Yes/No	%Share

Foreign Controlled? Y  N  Pe.centage? % \_\_\_\_\_

Contact Person \_\_\_\_\_ Designation \_\_\_\_\_

**Transaction Type:**

Instalment Sale  Lease  Rental  Term Loan

Period \_\_\_\_\_ Months \_\_\_\_\_

NACM Rate (what are we going to use) \_\_\_\_\_%

Do you require a Fuel & Maintenance Facility? Y  N

**Transaction Details:**

Dealer Name **BRYANSTON EXECUTIVE CARS**

Dealer Tel No. ( 011 ) 787 5555 \_\_\_\_\_

Contact Name \_\_\_\_\_

Fax No. ( 011 ) 787.5533 **Goods Description** \_\_\_\_\_

**Insurance Company/ Broker:**

Policy No. \_\_\_\_\_ RenewalDte \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YY

Confirmed By \_\_\_\_\_ Tel No. ( \_\_\_\_\_ )

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DESIGNATION

\_\_\_\_\_  
DATE