CUSTOMER ACCOUNT OPENING FORM

SHAMAJA MABATI

Tel: +254775897775
Email:info.shamajamabati@gmail.com

1. BUSINESS DETAILS			
Registered Business Name			
Postal Address	P.O Box	Post code	Town
Physical Address			
		Plot No.	
Telephone			
Email			
P. I. N. (copy)		VAT No. (copy)	
Contact Name			
Title / Position			
Name of Financial Controller			
Type Of Ownership	[ ] Sole Proprietor [ ] Partnership [ ] Limited Company [ ] Other Specify : _____		
Company Registration No. (copy)		Date of Registration	
Nature of Business			

DIRECTORS/PARTNERS - Full Name	% Shares	Nationality	MOBILE / HOME Telephone
1			
2			
3			
4			

2. FINANCIAL DETAILS			
Bankers			
Branch		Account No. :	
Contact	Name	Telephone:	

TRADE REFERNCES			
Name of Organisation	P.O Box, Code & Town	Telephone No.	Contact Name

PERSONS AUTHORISED TO MAKE PURCHASES, ORDERS & PAYMENTS ON THIS ACCOUNT			
Name	Designation	Telephone No.	Specimen Signature

Estimated Total Value of goods required per monthly Basic	Kshs.
Amount of Credit Required total amount outstanding at any time shall not exceed this limit	Kshs.

APPLICANT NAME
SIGNATURE
SEAL/STAMP
DATE

(Body corporates must affix seal in presence of two directors. Other enterprises to stamp)

I/WE APPLY FOR CREDIT FACILITIES WITH SHAMAJA MABATI AND AGREE TO THE FOLLOWING:

a) I/We the undersigned, hereby authorize my/our bankers to submit to Shamaja Mabati, at their request a confidential report on whether or not I am/We are in their opinion, fit and proper person(s) to conduct credit facilities with you. The Company may also apply to any referee notified by me/us.

b) Credit facilities are strictly for 30 days (unless otherwise specifically agreed). All accounts must be settled on or before the close of the following month of supply of goods/services failing which I/We hereby undertake to indemnify and pay to yourselves late payment charges at a rate of 3% per month and service charge of 1% per month on any outstanding amount, both before and after filing any court action if any against me/us.

c) Shamaja Mabati reserves the absolute right to decline, withdraw or refuse the applicant(s) credit facilities at any time and without notice in the event that the applicant is in breach of these terms and conditions. Such facilities may be re-instated only at the company's discretion, but in the event of the account being closed on more than two occasions; it will not be reopened under any circumstances. In the event of the monthly business falling generally below a minimum level, it is understood that the account will be closed and I/We will revert to cash basis.

d) I/We agree to pay any legal charges, advocates costs and /or debt collection charges that may result from Shamaja Mabati., appointing a debt collector to recover any debt due to the Company.

e) Any change of Address/Directors/Shareholding Pattern or any material or major happening that may affect our operations will be notified in writing by me/us to Shamaja Mabati within seven days from date of change.

f) Credit accounts will be unconditionally suspended incase cheques are returned unpaid for any reason (in which case bank charges for the same will be debited to the debtor) and/or account is overdue beyond agreed terms.

g) It is understood that Shamaja Mabati, reserves the right to reduce or withdraw the credit facilities at any time without any notice and without assigning any reason thereof.

h) The total aggregate credit for all orders will not exceed the amount authorized in writing by Shamja Mabati.

i) Credit facilities will be granted only after satisfactory references have been obtained.

j) It is understood by the applicant that the completion of this application form does not automatically qualify me/us for a credit account with Shamaja Mabati.

k) Shamja Mabati reserves the right to request that the applicant(s) update their credit application information after every three (3) years and as a result some changes may be made to the details of your credit account. Refusal may also result in credit withdrawal.

l) I/We certify that the information furnished above has been read and understood by me/us, and I/we declare that the information is true and correct in every detail.

APPLICANTS **SIGNATURE** SEAL/STAMP DATE	

(Body corporates must affix seal in presence of two directors. Other enterprises to stamp)

GUARANTEE

In consideration for Shamaja Mabati, allowing credit facilities to _____of Post Office Box Number_____(hereinafter called the Company) I/we hereby as Directors, Partners, Proprietor(s) or Guarantor(s) of the said Company hereby give our personal guarantee (s) to repay to you jointly as well as severally any sum or sums that shall be due and payable to you by the Company as if we were the principal debtors. We hereby further confirm and undertake that we will honour your demand for payment within 30 days of request of any sums overdue beyond a period of 30 days from the date of your statement and in the event of default you shall be at liberty to sue for recovery of such sum and late payment charges accrued therefore as a debt recoverable summarily. This guarantee shall not be prejudiced by any other security or guarantee by the Company or its Directors, proprietors or Guarantors may now or hereinafter deposit on account of the Principal or Late Payment Charges.

Signed in consent of the aforesaid on this_____day of_____20 ___

For

DIRECTORS/PARTNERS - Full Name	Signature	Date
1		
2		
3		
4		

(all directors, proprietors or partners and guarantors to sign)

3. GENERAL DETAILS

Attach ID copies of : Owner's [ ] Director's [ ] Partners [ ] Financial Controller [ ]

Attach copies of : KRA PIN Certificate [ ] VAT Certificate [ ] Certificate of incorporation [ ] Company annual returns, memorandum & Articles and partnership deed.

Director Photo	Director Photo	Director Photo	A/c , FC, Photo

POINT OF SALE : [ ] Kitengela [ ] Ngurunga [ ] Nakuru [ ] Mombasa [ ] Jaribuni [ ] Syokimau [ ] Katani

Name of Products	UOM	Price		Name of Products	UOM	Price

Credit Terms and Payments:

Description		Agreed Terms and Conditions	
Credit Limit	Value (KSH)		
Credit Period	Days (From Delivery Date)		

PLEASE NOTE IF EITHER OF THE ABOVE, CREDIT LIMIT OR PERIOD SHALL EXCEED ITS TERMS YOUR ACCOUNT WILL BE CLOSED IMMEDIATELY.

Security Deposit	Cash/BG/Corporate Guarantee/other		

Mode Of Payment : Cash [ ] A/c Payee Cheques [ ] Bank Transfer (RTGS/SWIFT/Direct Banking) [ ] Paybill [ ]

Orders to be made by: L.P.O. [ ] LETTER [ ] TELEPHONE Verble [ ] SMS [ ] Whatsapp [ ] or Other _____

CHEQUE ACCEPTANCE :	Yes		NO		Current Cheque		PD Cheque Days	

1] I hereby agree that in the event any cheque is dishonoured I will pay a penalty fee of Kshs.5,000/- and accept that this facility will be withdrawn immediately and resume paying cash.

2] We are the authorised signatories of the company and have certified that the information provided is accurate and vetted.

3] POST DATED CHEQUE REQUIRED ON DELIVERY [ ] YES [ ] NO

APPLICANT NAME	SIGNATURE	SEAL / STAMP	DATE

FOR OFFICIAL USE ONLY

Credit Limit Ksh.		Credit Period_____Days from Delivery / Invoice					
CHEQUE ACCEPTANCE :	Yes		NO		Current Cheque		PD Cheque Days	
CREDIT FACILITIES APPROVED BY:		Name	Sign			DATE:	

Credit control's Comments :

APPROVED [ ] YES [ ] NO Date : Signature:

ACCOUNT NO. ALLOCATED:			

APPROVED [ ] YES [ ] NO Date : Signature:

COMPANY SEARCH REPORTED ON:

SEARCH CONDUCTED BY:

BANK REFERENCE:			
OTHER REFERENCE:			

Findings and Remarks :