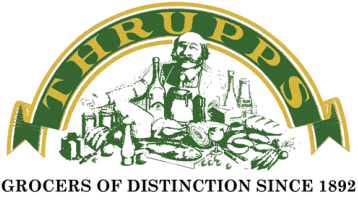


BUSINESS ACCOUNT APPLICATION
<ul style="list-style-type: none"> • Please Print Clearly • We require an original signed copy of this application before an account can be processed.

Tel: +27 11 268-0298
 Fax: +27 11 268-0349
 eMail: shop@thrupps.co.za
 Online: www.thrupps.co.za

FULL NAME OF BUSINESS:								
REGISTRATION NO:	NATURE OF BUSSINESS:							
NAME OF HOLDING COMPANY (IF ANY):								
FULL NAMES OF DIRECTORS/PARTNERS/MEMBERS/PROPRIETORS AND ID NUMBERS:								
PHYSICAL ADDRESS:	POSTAL ADDRESS:							
TELEPHONE NO:	FAX NO:	E-MAIL ADDRESS:						
BANK:	BRANCH:	ACCOUNT NO:						
NAME OF CONTACT(S) RESPONSIBLE FOR PAYMENT OF ACCOUNT:								
TRADE REFERENCES	CONTACT	TELEPHONE NO						
1.								
2.								
AUTHORISED SIGNATORIES FOR PURCHASES ON THIS ACCOUNT:								
NAME	POSITION	SIGNATURE						
1.								
2.								
I/We certify and confirm the following :								
<ul style="list-style-type: none"> • the above information is true and correct and shall advise Thrupps in writing of any changes to these particulars. • agree that the account is due for payment 30 days from statement date. Interest at 1½% per month will be added on overdue amounts, and the account could be suspended from use. • any additional charges for the collection of unpaid amounts will be for this account. • the signatories below are authorised to open this account on behalf of the applicant. 								
DATE:	SIGNATURE(S)							
	1. _____							
	2. _____							
OFFICE USE ONLY:								
ACCOUNT NO:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>							APPROVED BY: _____
PROCESSED:		AND: _____						
LETTER SENT: _____		ADVISED: _____						



BUSINESS ACCOUNT APPLICATION

Page 2 of 2

- Please Print Clearly
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SURETYSHIP

I, the undersigned

Name and Surname
Of

Address
Do hereby bind myself as surety to and co-principal debtor with

Business Name
Registration Number: _____
(hereinafter referred to as "the debtor")
to
THRUPPS RETAIL C.C
(hereinafter referred to as "the creditor")

which is now owed by the debtor to the creditor or which may in future become owing from whatsoever cause arising without limitation whatsoever.

I hereby renounce the benefits of the legal exceptions of division and excussion, no benefits received and non numeratae pecuniae and I hereby undertake to pay any amount which I may be lawfully required to pay hereunder to the creditor within 7 (Seven) days of being called upon so to do.

I hereby agree to the jurisdiction of the Magistrate's Court having jurisdiction over my/our person(s) in any action arising from this suretyship.

For the purpose of this suretyship, I hereby choose the above-mentioned address as my domicilium citandi et executandi.

Signed at _____ this _____ day of _____ 200____

Witnesses:

1. _____

2. _____

Surety:

Signature: _____

Name: _____