



CAPECROSS
VETERINARY SERVICES

Head office:
11 Schelde Street
P.O Box 3011
Wavecrest
Jeffreys Bay. 6330
Tel: (042) 293 0396 / 0419
Tel: (042) 293 0416 / 0411
Reg nr: 2008/139897/23
Vat: 4830251676
Practice: 00268662

www.capecross.co.za

| CapeCross Veterinary Services CC | | | |
|---|---|-----------------------|-------------------|
| Payment Terms Request | | | |
| Customer Details | | | |
| Street Address | | | |
| | | Postal Code | |
| Postal Address | | | |
| | | Postal Code | |
| Telephone Number | | Fax Number | |
| Cell phone Number | | Alternate Number | |
| Email Address | | | |
| Business Details: | | | |
| Trading Name of Applicant | | | |
| Nature of Business | | | |
| Type of Business (Tick Box) | Sole Proprietor | Partnership | Close Corporation |
| | Private Company | Public Company | Trust |
| Company Registration Number | | | |
| Vat Registration Number | | Vat Reg Copy Enclosed | YES |
| Accounts Contact Person | | | NO |
| Billing Address | | | |
| | | Postal Code | |
| Telephone Number | | Fax Number | |
| Cellphone Number | | Alternate Number | |
| Email Address | | | |
| Names of Directors', Partners, Owners etc. | * Name: | ID No: | |
| | Residential Address: | Contact No.: | |
| | Email Address: | | |
| | * Name: | ID No.: | |
| | Residential Address: | Contact No.: | |
| | Email Address: | | |
| | * Name: | ID No.: | |
| | Residential Address: | Contact No.: | |
| | Email Address: | | |
| Sequestration/Liquidation Declaration | Have sequestration or liquidation proceedings ever been instituted against the business/directors/partners or others as named above, or has the concern ever offered a compromise to creditors? | | |
| | | YES | NO |
| | If Yes, please give detail: | | |
| Page 1 | Please initial: | | |

Directors: Dr T.L Hoek; Dr A.L Lategan
Associates: Dr B.J Hoek; Dr M Lategan; Dr J Blaauw; Dr V Watson; Dr M Lyell; Dr F Solomon; Dr B de Sitter

Jeffreys Bay
8 Jakaranda Street,
Wavecrest
PO Box 3011
Jeffrey's Bay, 6330
Tel: 042 296 1731/0614
Fax: 042 296 1736
info@capecross.co.za

Tsitsikamma
Unit 2 Oudebosch
Tsitsikamma
Tel: 042 285 0601
Fax: 086 557 4539
reception@capecross.co.za

Volksrust
42 Sarel Cilliers Street
Volksrust
PO Box 628
Volksrust, 2470
Tel: 017 735 2002/1096
Fax: 017 735 1713
volksrust.animalhosp@telkomsa.net

Cradock
83 Adderley Street
Cradock
PO Box 385
Cradock, 5880
Tel: 048 881 0197
Fax: 048 881 0090
cradock@capecross.co.za



Customer/Business Banking Details

| | | |
|--|---|----------------------------|
| Bank account Name: | Bank Name: | |
| Branch Name: | Bank Account No.: | Branch Code: |
| SURETY AND CO-PRINCIPAL DEBTOR DECLARATION In my capacity as a surety and co-principal debtor of the customer, do I hereby acknowledge that by my signature hereto I bind myself, as surety and co-principal debtor in solidum, in favour of the customer for the due payment of all amounts which are now, or which may in future become due and payable by the customer to CapeCross Veterinary Services CC. Signature of Surety: In my capacity as surety and co-principal debtor of the customer | | |
| CapeCross reserves the right to perform a Credit check and contact Trade References in order to obtain additional information required for the application of this account : (Current and active accounts only) | | |
| Trading Period | How long has this business (as per trading name) been trading? | |
| Credit Limit | What is the maximum credit requested for this account? | |
| Note: Accounts are payable no later than 30 days from date of statement. | | |
| Interest will be charged on overdue accounts and this account may be blocked if overdue or as decided by management. | | |
| Trade Reference 1 | Name: | |
| | Address: | |
| | Contact No.: | Period of trading: |
| | Monthly average purchases: | Payment terms: |
| Trade Reference 2 | Name: | |
| | Address: | |
| | Contact No.: | Period of trading: |
| | Monthly average purchases: | Payment terms: |
| Please sign: | I hereby declare that I am duly authorised to sign this payment terms request form and agree to abide by the standard terms and conditions. | |
| <u>Please submit the following documents together with this application:</u> - Copy of Identity document - Latest proof of address - 3 Months bank statement | I certify that the information provided in this payment terms request is to the best of my knowledge true and correct. | |
| | <u>Signature:</u> | <u>Designation:</u> |
| | | |
| <u>For Office use:</u> | <u>Monthly limit allowed:</u> | |
| | <u>Account Number:</u> | |
| | <u>Approval:</u> | |
| Page 2 | | |

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PAYMENT TERMS REQUEST TO BE GRANTED SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

Notwithstanding the granting of payment terms, CapeCross Veterinary Services CC ("The Close Corporation") shall be entitled at any time, without prior written notice, in its sole discretion, to withdraw the term facilities and demand payment of any amount owing to the Close Corporation by the concern hereby applying for payment terms / concern to which the payment terms has been granted ("The Customer")

A certificate by an interest holder of the Close Corporation, whose appointment need not be proved, showing the amount due, owing and payable by the Customer to the Close Corporation at any given time, shall be sufficient *prima facie* proof of the facts therein stated for the purposes of all legal proceedings against the customer for the recovery of the said amount.

The Close Corporation reserves the right to review the extent, nature and duration of such facilities at all time.

Unless specifically agreed to the contrary, the customer acknowledges that the credit facilities granted are payable strictly within 30 (thirty) days from the date of statement, which date shall be deemed to be the date as reflected on the statement.

The customer agrees to pay interest on all overdue amounts. Interest of 15% per annum shall be calculated on a monthly basis on the outstanding amount and form part of the principle debt. The Close Corporation reserves their right to institute legal action after sending a Letter of demand in terms of Section 129 and Section 130 of the Credit Act to the customer's *domicillium citandi et executandi* address.

Ownership of the goods supplied to the customer shall pass to the customer only when all amounts due by the customer to the Close Corporation have been paid in full, notwithstanding delivery of goods to the customer.

The risk of any loss or damage to or deterioration of the goods supplied to the customer, shall pass to the customer on delivery.

The customer undertakes to pay all legal expenses incurred in connection with the recovery of any account due and payable by the customer, including all attorney and client fees, collection commission and VAT in respect of the collection of such an amount.

The customer's address as given herein shall be recognized as the *domicillium citandi et executandi* for all purposes in terms of this agreement, whether in respect of court processes, notices or other document or communications of whatever nature.

The customer undertakes to notify the Close Corporation within a period of (7) seven days of any change of address or any changes in the information set out in the application for payment terms, signed by or on behalf of the customer.

The customer further consents to the jurisdiction of the magistrate's court in terms of section 45 of the magistrates Court Act No. 32 of 1944 (as amended) having jurisdiction under section 28 of the said Act, notwithstanding that the claim by the Close Corporation exceeds the normal jurisdiction of the magistrate's court. The Close Corporation may institute proceedings notwithstanding this consent in any other court of competent jurisdiction at its own discretion.

No relaxation or indulgence granted to the customer by the Close Corporation shall be deemed to be a waiver of any of the Close Corporation's rights in terms hereof; any such relaxation or indulgence shall not be deemed to be a novation of any of the terms and conditions set out herein or create and estoppel against the Close Corporation.

The signatory/signatories hereby bind/s himself/themselves jointly and severally as surety/sureties and co-principle debtor's in solidum with the customer in favour of the company for the due payment of all amounts which may at any time be due and payable by the customer to the Close Corporation. He/they further waive the benefits of excussion and division of the legal exceptions no payment received an no cause of indebtedness and acknowledge(s) himself/themselves to be fully acquainted with the meaning of these terms.

Thus, signed at _____ this _____ day of _____ 201__.

Customer Signature

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