

Documents required:

- Copy of green barcoded Identification Document (ID book)
- Proof of residence (electricity bill not older than 3 months old)
- Proof of banking account (statement/cancelled cheque/bank letter)

Business Card Application

1. Applicant Details

Registered Name of Business:	<input type="text"/>	Business Registration Number:	<input type="text"/>
Trading Name:	<input type="text"/>	Postal Address:	<input type="text"/>
Physical Address:	<input type="text"/>		<input type="text"/>
	<input type="text"/>		Postal Code:
Postal Code:	<input type="text"/>		<input type="text"/>

Applicant Contact Details

Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Cell Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

2. Details of Authorised Representative

Title:	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Initials:	<input type="text"/>
Name:	<input type="text"/>	Surname:	<input type="text"/>
Identity Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Designation:	<input type="text"/>		
Authorisation:	<input type="checkbox"/> I hereby confirm that the information provided is true and correct and that I have the authority to do so.		

We require a scanned copy of the representative's green barcoded Identification Document (ID book).
 We require a scanned copy of a utility bill as proof of residence.

3. Bank Account Details

We need this information to assess your credit status:

Name of Bank:	<input type="text"/>	Account Number:	<input type="text"/>
Account Holder's Name:	<input type="text"/>	Branch Code:	<input type="text"/>
Type of Account:	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	How many years have you banked there:	<input type="text"/>

4. Debit Order Authorisation

Would you like to pay your Checkers Business Card by debit order:

Yes No

If yes, please complete the details below:

Name of Bank:

Bank Account Number:

Bank Account Name:

Branch Name:

Type of Account: Current
 Savings
 Transmission

Branch Code:

Authorisation: I hereby confirm that the information provided is true and correct and that I have the authority to do so.

We require a scanned proof of banking details in the form of a cancelled cheque or certified copy of your current bank statement.

5. Preferences

Would you like to receive your communication in: English Afrikaans Other

If for some reason it is not possible to communicate with you in your preferred language, we will communicate with you in English

Would you like to receive your statement via: Post Email

Would you like to receive important account information via SMS:

No Yes Please provide Cell Phone Number:

6. Purchase Limit

Purchase limit applied for: R

7. Signature

I hereby confirm that all details supplied above are true and correct. I acknowledge that I have read and understand the Terms and Conditions attached to this application form and undertake on behalf of the Applicant to abide by the rules governing the Checkers Business Card. I warrant that I am duly authorised to make this application on behalf of the Applicant.

Type your full name as a signature:

Designation:

Date:

After completion, please fax this form to Checkers Card division (021) 960 6726 or email it to businesscard@checkers.co.za