



# AVLOCK INTERNATIONAL

## FASTENING SYSTEMS

REG No: 2005/021860/07  
VAT No. 4590223980

Head Office: 52 Paul Smit Street  
Boksburg North 1459  
P.O. Box 6394 Dunswart 1508  
Tel: (011) 748-7000  
Fax: (011) 917-0260  
Branches:  
Durban: Tel: (031) 579-1510  
(031) 579-1520  
Cape Town Tel: (021) 933-2547  
Fax: (021) 933-3935  
Port Elizabeth Tel: (041) 365-1975  
Fax: (041) 365-2177  
Potchefstroom Tel: (018) 294-4215  
Fax: (018) 294-4216  
Witbank Tel: (013) 697-1647  
Fax: (013) 697-1649

## Application for credit facilities

### CHECKLIST WHEN SUBMITTING THE APPLICATION FORM

Please ensure that all required documents are returned with your application.

- All fields to be completed correctly. Please complete empty fields.
- Each and every page initialled in bottom right-hand corner.
- Terms & Conditions initialled in bottom right hand corner and signed in full on the last page.
- Any credit limit R50 000.00 and more, I require a bank code from your banker of limit required for over 30 days please, due to POPIA I'm unable to obtain one as a third party.
- Copy of Valid Company Registration Certificate to be attached.
- CIPC documents – not older than 3 months
- COR39 documents
- Copy of signatory's ID to be attached.
- Copy of ID books for all directors to be attached.
- Copy of company letterhead to be attached.
- Copy of Vat Certificate.
- Valid tax pin
- Letter of Good Standing
- Please include your branch name and branch code with the banking details.
- Banking confirmation no older than 3 months
- Please remember to fill in a credit limit.
- Kindly specify any special requirements from our admin department eg. Cut off dates, invoice & POD

**Avlock International**  
**Application for credit facilities**

<b>Information required:</b>	<b>Detailed Information:</b>
Registered Company Name:	Vision Elevators Pty Ltd
Trading Name:	
Company Reg. No.:	2006/010380/07
Company Vat No.:	4530234428
Nature of business:	New Instalations and Services
Postal Address:	P O Box 11135
	Bloubergrant, Western Cape
	Sunset beach 7443
Street Address:	10 Fangio Place
	Westmead
	3610
Telephone No:	0875500534
Fax No & Fax2Email No.:	
Web Site Address:	
Contact Name in Creditors:	Hester O'Hagan
E-mail address:	finance@visionelevators.africa
Contact Name (Buyer):	Charlotte Pillay
E-mail address:	procurement1@visionelevators.africa
Name of Associated Companies:	Wesant
Name of Parent Company:	
Name of Auditors:	WARRINGTON ACCOUNTING
Banking details & Branch Name & Branch	
Code:	Standard Bank , Milnerton, 270471278
Monthly invoice and POD to be e-mailed (Y/N)	Yes
Supply cut off date (if applicable) (Y/N)	25th
<b><u>Credit limit acquired:</u></b>	R20000.00
Kind of premises: (Shop/Warehouse/Factory)	Factory
Rent/Owned:	Rented

How long established:	20 years
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**Avlock International**  
Application for credit facilities

**Outline Financial Information:**  
(Last 3 years)

**Turnover:** \_\_\_\_\_  
**Net Profit:** \_\_\_\_\_  
**Name of Bankers:** \_\_\_\_\_ Standard Bank \_\_\_\_\_  
**Branch & Branch Code:** \_\_\_\_\_ Milnerton 014342 \_\_\_\_\_  
**Account Number:** \_\_\_\_\_ 270471278 \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ 087 550 0534 \_\_\_\_\_

*If account has been operational less than 12 months, please provide details of previous bankers.*

**Trade information:**  
Please supply us with at least three trade references:

Company Name	Contact Name	Number	Email Address	Credit Limit
Allied Transport	Shannon	0317003966	rob@alliedtransport.co.za	R30000.00
Ecoplex	Louise	0119702416	louise@quickvolt.co.za	R40000.00
Current Automation	Estelle	0315692854		R50000.00

Please *print clearly*, the relevant Directors' or Members' details:

Name	Position	ID Number	E-Mail Address
Nicholas Grant Wareing	Director	8206285168089	nicholas@visionelevators.africa
<b>Residential Address</b>	9 Batroo Crescent, Midstream, Hills Est, Johannesburg		
Name	Position	ID Number	E-Mail Address
Wade Digby Wareing	Director	8601285286081	wade@visionelevators.africa
<b>Residential Address</b>	28 Weston underwood, Clifton Hill Est, Hillcrest		
Name	Position	ID Number	E-Mail Address
<b>Residential Address</b>			
Name	Position	ID Number	E-Mail Address
<b>Residential Address</b>			

## AVLOCK terms and conditions of Credit


1. The Debtor agrees to abide by the credit facilities granted by AVLOCK and specifically that payment of the Debtor's account is strictly payable within 30 Days from date of statement.
2. The credit facility may be suspended or withdrawn by AVLOCK at any time without prior notice to the Debtor and AVLOCK reserves the right to review the extent, nature and duration of such credit facility at any time.
3. Ownership in the goods sold and delivered to the Debtor on account shall pass to the Debtor only when all amounts due by the Debtor to AVLOCK has been paid, notwithstanding delivery of the said goods to the Debtor. Risk in and to the goods shall however pass to the Debtor on delivery.
4. The Debtor agrees that in the event of the Debtor breaching any conditions contained herein; the Debtor failing to pay any amount due and payable on due date; the Debtor suffering any civil judgment to be taken or entered against it; the Debtor suffering any civil judgment to be taken or entered against it; the Debtor causing a notice of surrender of its estate to be published in terms of the insolvency Act No. 24 for 1936. as amended; the Debtor dying or being deregistered; the Debtor's estate being placed under an order of provisional or final sequestration, provisional or final liquidation, provisional or final judicial management, as the case may be, then and in that event AVLOCK shall, without detracting from any other remedy which it may have to rely on the provisions of clause 3 and to re possess the goods sold and delivered to the Debtor, have the right, in either event, without prejudice to AVLOCK rights, to claim specific performance of all of the Debtor's obligations whether or not such obligations would otherwise then have fallen due for performance, or to claim damages.
5. In the event of AVLOCK instructing attorneys to collect from the Debtor an amount owing to AVLOCK, the Debtor agrees to pay all legal costs, tracing fees and collection charges incurred by AVLOCK as between attorney and own client.
6. The Debtor nominates its business address as indicated on the Credit Application Form as its domicilium citandi et executandi for service upon it of all notices and processes in connection with any claim for any sum due to AVLOCK arising out of credit granted by AVLOCK to the Debtor.
7. No relaxation or indulgence granted to the Debtor by AVLOCK at any time shall be deemed to be a waiver of any of AVLOCK' rights in terms hereof and such relaxation or indulgence shall not be deemed a novation of any of the terms and conditions set out herein, or create any estoppels against AVLOCK.
8. The debtor agrees to abide by the conditions of sale as stated on the back of the invoice.
9. Any agreement purporting to vary the terms hereof or any consensual cancellation hereof, shall not be valid unless produced in writing and signed by both the Debtor and AVLOCK.
10. Save as otherwise provided herein, AVLOCK shall not be liable to the Debtor or any other person for any loss of profit or other special damages whatsoever. The debtor hereby indemnifies AVLOCK against any claim which may be made against AVLOCK by any other person in respect of any matter for which the liability of AVLOCK is excluded in terms of the foregoing.
11. If the Debtor intends transferring its business, the goodwill or any goods or property forming part thereof (other than in the ordinary course of business or for securing payment of a debt), the Debtor shall advise AVLOCK in writing thereof not less than thirty days before the effective date of such transfer.
12. The Debtor agrees that any payment made can be utilized against any amount owing to AVLOCK.
13. For credit decisions, the prevention of fraud and money laundering, and risk management we may use a credit bureaux to help us make decisions. Therefore Avlock is registered with KreditInform. By confirming your agreement you are accepting that we may use your information in this way.

Name: NICHOLAS GRANT WAREING  
(Block caps)

Designation: DIRECTOR

Place: MILNERTON  
(Block caps)

Date: 27.05.2026

Signature: 

**PLEASE NOTE: Each and every page must be initialed on the bottom right hand side.**



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Dear Valued Customer / Supplier

### RE: POPI IMPLEMENTATION & CONTACT/DETAIL AUTHORISATION

As you may well know the Protection of Personal Information Act has come into effect on the 1<sup>st</sup> of July 2021. We as **Avlock International (Pty) Ltd** aim to live up to our industry relevant acts and regulations to offer our clients not just great quality of product but added value by conforming to and applying these sets of guidelines and standards.

Kindly please sign the below, giving permission to any trade references provided by you, to give us account history information on you to complete the vetting process to open your account

Kind regards

**Izak Stoltz**

**Financial Manager**

By signing this letter, I Nicholas Grant Wareing (name & surname) in the position of Director for Vision Elevators Pty Ltd (company), hereby give permission that the information of Vision Elevators Pty Ltd (company) may be shared with **Avlock International (Pty) Ltd** for reasons as stated above.

Signature

27.05.2026

Date