

Company Details

Application Date	Y Y Y Y M M D D (compulsory)
Company Name	
Existing Control Account No.	

Terms and Conditions

Please carefully read the information below as it explains important detail you need to know about the operation of your Revolving Credit Facility. The Revolving Credit Facility no longer requires you to make payment of the full outstanding balance on your credit card on your payment due date. You will now be able to make payment of a percentage of your outstanding balance which effectively allows your Credit Facility to revolve. Please note that for the purpose of your Revolving Credit Facility, "monthly installment", means a percentage of the monthly outstanding balance. This is indicated on your monthly account statement as payment due.

1. We will deduct the monthly installment from your nominated account given on your Auto Payment instruction which is compulsory.
2. Kindly note as the monthly installment only settles a percentage of your outstanding balance and does not settle the full outstanding balance on your credit card facility, interest will be charged on your outstanding balance less your monthly installment.
3. Interest will be charged from the date of each transaction on your account, on both the statement balance and on any new transactions made on the credit card (in other words, you will lose the interest-free period on these new transactions), until you settle the outstanding balance in full.
4. The interest charged will be at your prevailing interest rate.
5. You must pay the monthly installment by the due date shown on the monthly account statement.
6. Should you wish to pay any additional amounts in order to increase the available limit on the cardholder account please ensure the amount is paid directly into the cardholder/user account and not the control account. Failure to do so will result in the cardholder/user account available limit not increasing.

Auto Payment Authorisation (only complete if you do not have an Auto Payment on your existing Credit Card Facility)

Account Name			
Bank Name			
Branch Name		Branch Code	
Account No.		Account Type	

As the authorised signatory you hereby authorise the Bank to debit the business account, as stated above with the monthly installment due on the FNB Credit Card Account on the payment due date. You confirm that the account information as provided above is an account in the business's name and as such you have the right to give the Bank the authority to debit such account on a monthly basis. Further, you/the business will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Bank to the account as listed above should the account have insufficient funds, be incorrect or held in the name of any other person or juristic entity. You authorise the Bank to verify the banking details as provided above for the purposes of effecting the debit order. You confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA").

Declaration and Signatories

<ol style="list-style-type: none"> 1. I confirm that I have the necessary authority to act for and behalf of the Commercial Client and to enter and bind the Commercial Client to this agreement. 2. To the best of my knowledge and belief the information provided to the Bank in respect of this application is true, complete and accurate. 3. The Commercial Client has read the FNB Commercial Terms and Conditions and all the Terms and Conditions governing this agreement and agrees to be bound by them. 4. The Commercial Client has not undergone or applied for debt counselling or liquidation proceedings or Business Rescue proceedings and does not have an administrative order issued against it. 5. The Commercial Client undertakes to inform the Bank of any changes to any information provided. 	
Authorised Signatory Name 1	
Authorised Signatory	Date Y Y Y Y M M D D
Authorised Signatory Name 2	
Authorised Signatory	Date Y Y Y Y M M D D