

**AMENDMENT: 30 DAY CREDIT LIMIT INCREASE WITH  
EVEN FLOW DISTRIBUTION****Trading Name of Business:****Registered Name of Business:****Business Registration Number:****VAT Number:****Email Address:****Contact Number:**

I (name)

on behalf of

(Company Name)

wish to extend our existing Credit Limit with Even Flow Distribution to the value of **R****This is an amendment to the 30 Day Credit Application form.****We accept the terms and conditions of trade stated by Even Flow Distribution.****Date:****Name of Director:****Signature of Director:**

Please fax this document to your nearest Even Flow branch in order for Even Flow to submit your Credit Limit Extension to our credit insurers for approval. Please allow 4-5 working days for approval.

Total Number of Pages to be Faxed/Emailed to Even Flow: 1

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