

**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 email this document to credit.applications@firstdistribution.com and partners@evenflow.co.za, for us to submit your Credit Limit Extension to our credit insurers for approval. Please allow 4-5 working days for approval.

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