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APPLICATION FOR COD ACCOUNT

Administrative Details

Registered Company name:		
The Programme		
Registration number:		
Physical Address:		
	Code:	
Postal Address:		
	Code:	
Telephone no:		
Fax no:		
Email adress:		
Web adress:		
VAT number:		
Contact person/ Site:	Email:	
Contact person/accounts:	Email:	
Primary activities of business:		
Details of Proprietors/Directors/Members/Partners		
Full name & Surname:		
Residential Address:		
Email: Cell number:		
Full name & Surname:	ID no:	
Residential Address:		
Email:		
Full name & Surname:	ID no:	
Residential Address:		
Email:		

Banking Details

Account name:	
Bank:	
Account number:	Branch:
Trade References	
Address:	
	Contact Number:
Credit Limit:	
Company Name:	
Address:	
Contact person:	Contact Number:
Credit Limit:	
Company Name:	
Address:	
Contact person:	Contact Number:
Credit Limit:	
 By signing this application you agree to the following terms & conditions: This is a COD account. This account must be settled immidiatly when final invoice is issued. If for any reason this account is not settled as arranged, the outstanding amount will be handed over to the attorneys for full settlement. Account holder is responsible for all legal costs. Interest of 2.5% per month will be chared on outstanding amount. All terms & conditions on quotation where already accepted and will be adhere to. 	
Signed on this day of	20at
Signed by: Capacity:	
Signature:	
Witness:	
Please attach the following documents	s:

- -Company registration documents
- -ID document of Proprietor/Directors/Members or Partners
- -Proof of Address for Business