



APPLICATION FOR COD ACCOUNT

Hardware & PPE Supplies

Tel: 016 971 2636 / 2543

hardware@amcedeng.co.za

32 Saturn Street

Naledi Industrial Park

Vaalpark 1947

| INDUSTRY / SECTOR TYPE | | | |
|-------------------------|--------------------------|---------------------|--------------------------|
| Industrial End User | <input type="checkbox"/> | Industrial Reseller | <input type="checkbox"/> |
| Services-Labour Brokers | <input type="checkbox"/> | Government | <input type="checkbox"/> |
| Schools & Universities | <input type="checkbox"/> | Hospitals & Medical | <input type="checkbox"/> |

Representative:

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| FOR OFFICE USE | |
|----------------|------------|
| Limit | |
| Approved | |
| Account Type | CASH (COD) |

APPLICATION FOR CASH / COD ACCOUNT

A. CONFIDENTIAL

FULL NAME OF "THE APPLICANT" []

TRADE NAME/STYLE OF APPLICANT []

P O BOX [] TOWN [] CODE []

TEL Office [] Tel Sales []

TEL Accounts [] Fax []

PHYSICAL / DELIVERY ADDRESS [] [] [] [] [] Code []

P.O. Box [] [] [] [] [] Code []

SUBURB [] TOWN [] Code []

Comp Reg No. [] Vat No []

Tax Reg No. [] REGISTERED OFFICE OF Co/cc []

SOLE OWNER PARTNERSHIP (PTY) LTD CC TRUST

PERSON RESPONSIBLE FOR ACCOUNT []

E-MAIL ADDRESS [] Cell []

PERSON RESPONSIBLE FOR BUYING []

E-MAIL ADDRESS [] Cell []

YEAR COMMENCED BUSINESS []

NAME AND ADDRESS OF AUDITORS []

[]

NAME OF ACCOUNT []

BANKERS [] BRANCH []

ACCOUNT NO [] DATE A/C OPENED []

INITIALS []

INITIALS []

INITIALS []

TRADE REFERENCES

Company

Contact Details

| | |
|---|--|
| 1 | |
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| 2 | |
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| 3 | |
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| 4 | |
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| 5 | |
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| Directors Full Name | Home Address | ID Number | Tel |
|---------------------|--------------|-----------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

ARE YOU SUBJECT TO A DEBT RE-ARRANGEMENT IN TERMS OF THE NATIONAL CREDIT ACT?

IF YES, GIVE DETAILS

FOR COMPANIES / CLOSE CORPORATIONS

NETT ASSET VALUE OF YOUR BUSINESS? > R1 000 000 < R1 000 000 > R2 000 000
 < R2 000 000

IS ANNUAL TURNOVER GREATER THAN R1 000 000? YES No

OR GREATER THAN R2 000 000? YES No

(FOR ASSESSMENT PURPOSES ONLY AND DOES NOT FORM PART OF THIS CONTRACT)

ANY ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE

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INITIALS

INITIALS

INITIALS

Supporting Documents

A Copy of the following documents must accompany the account application

| | Yes | No | N/A | Notes |
|------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Comp Reg No. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Tax Reg No. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Vat No. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| ID (s) of Directors / Owners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Proof of Address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Bank Letter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| BEEE Affidavit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Letter of Goodstanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |