



COD Application Form

Registered name of Business:	
Trade name(s) of Business:	
Company Registration No:	
VAT Registration Number:	
Nature of Business:	
Type Of Business:	Sole Proprietor / Partnership / Trust / CC / (Pty) Ltd / Ltd

Director / Member / Owner	
1.	

Physical Address:	
Postal Address:	

Please Supply Us With The Following Relevant Contact Details.

Accounts:	Email address:
Buying:	Email address:
Technical:	Email address:
Tel No.	Fax No:
Cell No.	Website URL: http://www.

Which other trade suppliers are you registered with?

1.		2.	
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The undersigned hereby confirm that:

1. The information contained in this document is true and correct,
2. They are duly authorised to enter into agreements for/on behalf of the applicant,
3. They have read and understood the ASC terms & Conditions of trade and accepted them.
4. They understand that this is a COD registration form.

Signature:	Name:
Capacity:	Date:

Would you like to receive our Daily/Weekly/Monthly Specials via email correspondence?

If selected yes, please advise email address _____

Yes	No
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Documents Required.

- Copy of ID.
- VAT Certificate.
- Proof of Address.
- Copy of Registration Documents/CIPC.

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 Signature