



WHOLESALE CUSTOMER COD APPLICATION FORM

DATE OF APPLICATION:

- 1. (A) FULL NAME OF BUSINESS (LEGAL ENTITY):
.....
- (B) TRADING AS:
.....
- (C) REGISTRATION NUMBER:
.....
- (D) V.A.T NUMBER:
.....
- (E) NATURE OF BUSINESS:
.....
- (F) DATE ESTABLISHED:
.....

2. ADDRESSES:

POSTAL:

.....

CODE:.....

PHYSICAL:

.....

CODE:.....

3. CONTACT DETAILS:

	BUYER	ACCOUNTS
TELEPHONE NUMBER		
FAX NUMBER		
CELL NUMBER		
EMAIL ADDRESS		
WEBSITE		