



COD APPLICATION

REGISTERED COMPANY NAME			
TRADING NAME			
VAT NUMBER			
DELIVERY ADDRESS			
AND ANYTHING ELSE THAT WE MIGHT NEED TO KNOW TO MEET YOUR SERVICE EXPECTATIONS			
POSTAL ADDRESS			CODE
TELEPHONE NUMBER			
FAX NUMBER			
PURCHASING CONTACT PERSON			
PURCHASING TEL NO & CELL NO			
PURCHASING EMAIL			
ACCOUNTS CONTACT PERSON			
ACCOUNTS TEL NO & CELL NO			
ACCOUNTS EMAIL			

We accept and will adhere to the terms of **CASH ON DELIVERY.**

We warrant that the above information is true and correct and agree to be bound by it.

FULL NAMES _____
 IDENTITY NUMBER _____
 SIGNATURE _____
 CAPACITY _____
 DATE _____

Thank you for choosing to do business with So-Ca Distribution. We hope to grow a long business relationship with you and your company.

PLEASE RETURN TO US ON

FAX NUMBER **086 225 2342**

EMAIL accounts@so-ca.co.za

FOR OFFICE USE ONLY

SALES CODE		DATE	
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