



Representative: _____

CUSTOMER INFORMATION

TRADING NAME OF APPLICANT _____

REGISTRATION NO. _____

VAT NO. OF APPLICANT _____

POSTAL ADDRESS _____

STREET ADDRESS _____

TELEPHONE _____ FAX _____

CELLPHONE _____ EMAIL _____

BUSINESS ENGAGED IN _____

TYPE OF BUSINESS (PRIVATE, PTY (LTD), CC) _____

NAME OF HOLDING COMPANY _____

OWNERS / DIRECTORS FULL NAME	HOME ADDRESS	ID NUMBER
------------------------------	--------------	-----------

1. _____

2. _____

3. _____

CONTACT PERSONS NAME	TELEPHONE	EXT
----------------------	-----------	-----

SIGNATURES _____ DATE _____

1. _____ 2. _____

I, the undersigned, take full responsibility for the payment of my account, Should the account not be paid as per agreed payment terms, I agree that I will be responsible for collection cost inclusive but not be limited to tracing fees, collection commission, fees on an attorney and client scale as well as interest calculated at 2% per month.

Please attach a copy of ID document, water & lights account, CK & Certificate of Incorporation

P.O. Box 50079, Randjesfontein, 1683

63 Steyer street, Aureus, Randfontein

Tel: 086 135 4837

Fax: 011 412 1015

Email: sales@supremepet.co.za

www.supremepet.co.za