Account Application Form

All information is required. Incomplete forms will not be processed.

Payment Terms:

Statements are emailed monthly (normally the 26th)
Invoices need to be paid COD or 15 Days from Statement.
Proof of Payments need to be sent to info@sandcgroup.co.za

This Application is for a **'COD'** or **'15 Days from Statement'** Account (please circle preferred option below).

1. **COD**

2. **15 Days from Statement**

Company Registered Name: ____

Company Registration Number: ______________________ Vat Number: ______________

Trading Name (if applicable): ____

Director/s *(full Names/s & Id Number/s): Please attach COPY OF ID/s with application form.*

1. ________________________________ ID Number: ____________________
2. ________________________________ ID Number: ____________________
3. ________________________________ ID Number: ____________________
4. ________________________________ ID Number: ____________________
5. ________________________________ ID Number: ____________________

Trade Reverence Name 1: ____________________ Contact Number: ____________________

Trade Reverence Name 2: ____________________ Contact Number: ____________________

Account Person Details: Name: ______________________________ Contact Number: ___________________________

Email Address: ____

I hereby declare that all information is True and Correct:

______________________________	______________________________	______________________________
Signature	Capacity	Date: