

Type of account (please tick the relevant account type required):

COD (complete section A)	<input type="checkbox"/>
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Credit (complete sections A, B, C)	<input type="checkbox"/>
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Section A:

Company/ Individual Name		Company registration/ Individual ID number	
VAT Registration number			
Physical Address			
Postal Address			
Technical/Project Contact Person		Email Address	
Telephone number		Fax number	
Cell number			
Accounts Contact Person		Email Address	
Telephone number		Fax number	
Cell number			
Invoicing Terms	<i>STRICTLY 30 DAYS FROM DATE OF INVOICE (if approved, otherwise COD – no results will be released before payment for COD clients)</i>		

Section B:

DIRECTORS/MEMBERS DETAILS			
Name	Capacity	ID Number	Address

Section C (provide at least 2):

TRADE REFERENCES			
Name & Address	Tel No:	Credit Limit	Terms

Estimated monthly credit required:		Terms: 30 days from date of invoice (unless otherwise agreed)
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