



COD APPLICATION FORM

AUTO MAGNETO (PTY) LTD *(HEREINAFTER REFERRED TO AS THE CREDITOR)*

REGISTRATION NO. 2011/134169/07
(VAT NO. 4780260149)

Level One, 135% B-BBEE Procurement Empowering Supplier

- ***P.O. BOX 38657 PINELANDS 7430***
- ***TEL: +27 21 531 8144 FAX: +27 21 531 9666***
- ***E-MAIL: info@automagneto.co.za***
- ***Website: www.automagneto.co.za***

How did you hear about us:

Print media *Social media* *Internet* *Word of mouth*

Other(please specify)

(OFFICE USE ONLY)

REP CODE: _____ AREA: _____ CAT: _____

CREDIT LIMIT APPROVED: _____

TERMS: _____ B/C: _____

PROMO: _____ DELIVERY: _____

CUSTOMER DETAILS

Trading Name: _____

Full Registered Name (Per register of companies/close corporation)

(Hereinafter referred to as the DEBTOR)

POSTAL ADDRESS: _____

POSTAL CODE: _____

TEL. NO./S: () _____ FAX: () _____

E-MAIL ADDRESS: _____

NAME OF BUYER: _____

DELIVERY ADDRESS: _____

_____ CODE _____

ACCOUNTS CONTACT PERSON: _____

CO. REGISTRATION NO.: _____

VAT NO.: _____

LANDLORD'S NAME: _____

LANDLORD'S ADDRESS: _____

ACCOUNT NAME: _____

BANK: _____ BANK CODE: _____

ACCOUNT NO.: _____

NAME AND ADDRESS (RESIDENTIAL) OF:
DIRECTORS/MEMBERS/PRINCIPALS/PARTNERS/SOLE OWNER (Please delete title not applicable).

| FULL NAME | ADDRESS | I.D. NO. |
|-----------|---------|----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

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SIGNATURE

NAME

DATE: