

COD APPLICATION FORM

This document allows Pesca Atlantic Frozen Foods (Pty) Ltd to list this company/business/ individual as a customer.

Business Name:			
Trading As:			
Vat No:		Business Type:	
Shop Number:			
Complex/Centre Name:			
Street Number & Name:			
Suburb:		Town:	
Postal Address:			
		Code:	
Delivery Address: <i>*If not the same as above</i>			
GPS Coordinates:			
Delivery Times:			
Contact Person (Orders):			
Cell No:		Tel No:	
Domicilium Citandi Et Executandi: <i>*Chosen Residential Address</i>			
Trade References	1.	Contact:	Tel:
	2.	Contact:	Tel:
	3.	Contact:	Tel:
Owner Name:			
Owner Signature:		Owner ID:	
		Date:	



The signatory/ies hereto/hereby declare/s that he is/they are authorised to sign on behalf of the business referred to above, and hereby bind/s himself/themselves jointly and severally as co-principal debtor/s and surety/ies in his/their personal capacities in favour of the business.

ACCOUNTS/PAYMENTS CONTACT DETAILS

Contact Person:			
Email:			
Tel No:			
Method of Payment:	COD	EFT	<i>Payment must be done before delivery</i>

**** Email to:** info@pesca.co.za

**** Also include Copy of ID.**

Please ensure that above details are complete and correct. Your enquiry is much appreciated and will be treated with the utmost confidentiality.

By signing this COD Application, the parties agree to the jurisdiction of the Magistrate's Court of Pretoria should any action or proceedings be necessary to enforce the rights of this agreement.

*** The personal information hereby provided by the client will be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between the parties as well as to inform the client of additional goods and/or services that could be of value to the client. The client acknowledges that he/she/it has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by Pesca Atlantic Frozen Foods Pty Ltd for the above-mentioned purposes.*

FOR OFFICE USE ONLY

Account Number Assigned:	
Date Approved:	
Price Group/List:	
Credit Rating:	
Credit Limit Granted:	
Terms Granted:	COD
Sales Representative:	
Minimum Order:	
Route Allocation:	
Delivery Days for Route:	
Special Notes:	

Signed for on behalf of PESCA ATLANTIC FROZEN FOODS (PTY) LTD

Name in Full:	
Designation:	
Date:	
Signature:	