

SOUTH AFRICA
SURVIVOR

Overhex Wines International (Pty) Ltd

Tel: (023) 347-6838
Fax: (023) 347-6837
Email: localorders@overhex.com

71 Stockenstrom Street
Worcester
6850

P.O. Box 139
Worcester
6849

CUSTOMER APPLICATION

1. TRADING NAME: _____
2. REGISTERED NAME: _____
3. REGISTRATION NR: _____
4. OWNER/DIRECTOR Full name: _____
5. ID NUMBER: _____
6. VAT NUMBER: _____
7. LIQUOR LICENSE NR: _____
8. DELIVERY ADDRESS: _____

9. POSTAL ADDRESS: _____

10. TELEPHONE NUMBER: _____
11. FAX NUMBER: _____
12. EMAIL ADDRESS: _____
13. ACCOUNTS-CONTACT NAME: _____
14. ACCOUNTS-EMAIL ADDRESS: _____
15. BUYER-NAME: _____
16. BUYER-EMAIL ADDRESS: _____
17. BANK: _____
ACCOUNT NO: _____
ACCOUNT NAME: _____ BRANCH NR: _____

18. _____
20. TERMS: ___ COD ___ CREDIT (30 DAYS)

CREDIT LIMIT R _____ per month

TRADE REFERENCES:

NAME	CONTACT PERSON	TELEPHONE NUMBER

I, _____ (FULL NAME) IN MY CAPACITY AS OWNER / LICENSEE / DULY AUTHORIZED REPRESENTATIVE OF THE ABOVE BUSINESS, CONFIRM THAT I HAVE READ AND HAVE FULLY ACQUAINTED MYSELF WITH THE TERMS AND CONDITIONS APPLICABLE TO THIS APPLICATION AND WISH TO OPEN AN ACCOUNT WITH OVERHEX WINES INTERNATIONAL (PTY) LTD., SUBJECT TO THE SAID TERMS AND CONDITIONS PRINTED OVERLEAF AND COUNTERSIGNED.

THIS DONE AND SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNED: _____

FOR OFFICE USE:

ACCOUNT NUMBER: _____

REP NAME/ SALES PERSON: _____

REGION: _____

WAREHOUSE: _____

CUSTOMER APPROVAL:

APPROVED BY: _____

APPROVED TERMS: _____

CREDIT LIMIT: _____

ADDITIONAL INFO: _____

SPECIAL TERMS: _____

TRADE LESS: _____ - _____ %

SIGNATURE _____

DATE: _____

REGIONS

- WESTERN CAPE - RM CPT
- GARDEN ROUTE - DMT GEORGE
- EASTERN CAPE - DMT PE
- NORTHERN CAPE - RM JHB
- SOUTHERN CAPE - DMT GEORGE
- KZN - RM JHB
- PRETORIA - CAPITAL
- JHB - RM JHB
- NORTH WEST - RM JHB
- LIMPOPO - RM JHB
- MPUMALANGA - WINE ON WHEELS
- FREE STATE - RM JHB