

COD APPLICATION FORM

1) Type of account applied for: **COD**

Method of payment: **STRICTLY CASH**

2) Type of account applied for: **Payment before delivery**

Method of payment: **EFT BEFORE DELIVERY**

Business Particulars

Trading Name of Applicant

Liquor Licence No _____ ID number _____

Nature of Business: Wholesale Retail On Consumption

Contact Person: Orders _____ Tel No _____

Cell _____ Fax No _____ E-mail _____

Physical Address

_____ Code _____

Terms and Conditions

1. **C.O.D** supplies must be paid immediately, **strictly in cash on delivery**. In the event of non-payment, the products will be returned to the Supplier.
2. **Payment before delivery – Eft to be done 24hrs prior to delivery**

SIGNED AT _____ ON THIS ____ DAY OF _____ 201_____

FULL NAMES APPLICANT

SUPPLIER

APPLICANT'S SIGNATURE

WITNESS APPLICANT

WITNESS SUPPLIER