

Documents Required with Form:

- CK Document
- Vat Registration
- Identity Document/Individuals



McCoy's
Leaders in Glass®

Polokwane

COD CLIENT DETAILS FORM

Kindly Complete your Company Details and forward back to: info-pol@mccoysglass.co.za

Company Name/Persons Name & Surname *	
Company Registration Number	
VAT Registration Number	
Members/Director/Partners Identity Numbers *	
Physical Address (Please include Postal Code)	
Postal Address (Please include Postal Code)	
Telephone Number	
Fax Number	
Contact Person	
Cell Number *	
Email Address	
McCoy's Rep	
Transport Levy	
The signatory hereby binds himself/herself as co-principal debtor jointly and severally for all existing debts and any future debts incurred with McCoy's by the applicant named above. <i>(Terms and Conditions available on Request)</i>	Signed: _____ Date: _____

All payments must reflect in our bank account before any orders or deliveries will be made