## **Documents Required with Form:**

- CK Document
- Vat Registration
- Identity Document/Individuals



## **Port Elizabeth**

## **COD CLIENT DETAILS FORM**

Kindly Complete your Company Details and forward back to: info-pe@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.	Signed:
(Terms and Conditions available on Request)	Date: