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Reg. No.: 2007/010119/23

C.O.D. APPLICATION FORM

COMPANY DETAILS			
Full registered name			
Type of business	Sole Proprietor	Partner- ship	CC
	(Pty) Ltd	Ltd	Other
Registration number & date	Number		Date
Trading name			
Previous business name			
Commencement date of business			
Nature of business			
Physical address			
Postal address			Postal code
Telephone number			
Fax number			
Email address			
Website			
VAT registration number	<small>* Attach copy of certificate</small>		
Buyer name			
Telephone number		E-Mail address	
Payment contact name			
Telephone number		E-mail address	

** Goods will be released upon receipt of full amount due.*

Completed application form with supporting documents can be sent via fax to (011) 869 1369/ 086 549 9870
or via e-mail to info@flashsolvents.co.za