Tel: (+27) 11 608 4141

Fax: 086 515 4072

Email:

Debtors: <u>Debtors@cakeflora.co.za</u>
Sales: <u>Sales1@cakeflora.co.za</u>

600 ADDUGATION FORM	1
COD APPLICATION FORM	
<u>Company Details</u>	
Type of Company	
(eg: Sole trader, Partnership, CC, Pty Ltd)	
Full Registered Name:	
Trading Name (if different to registered name):	
Company Registration Number:	
Vat Registration Number:	
Physical Address (Head office):	
Postal Address:	
Website:	
Do you have an online store (Y/N)	
Accounts Department	
Creditors Contact Name:	
Statement/Invoices/Pod's Email Address:	
Manager's Name:	
Manager's Email Address:	
Contact Number:	
Buying Department	
Buyer's Name:	
Buyer's Email address:	
Contact Number:	
Date:	
Signature:	_
<u>OFFICIAL USE</u>	
Captured by:	
Rep:	
Area:	
Bakery / Retailer:	
Discount Structure:	