

**APPLICATION FORM**  
**Supplier Payment Terms**

**Type of account applied for:**

COD   
3 Day Account   
7 Day Account

**Method of payment:**

Cash   
EFT   
Cheque

Credit Value \_\_R\_\_\_\_\_

**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 cash on delivery. In the event of non-payment, the products will be returned to the Supplier.
2. C.O.D EFT payment must be done 24hrs prior to delivery. Email proof of payment to [accounts@rjbrands.co.za](mailto:accounts@rjbrands.co.za).
3. 3 Day or 7 Day accounts must be paid in full on the 3<sup>rd</sup> or 7<sup>th</sup> day from date of invoice respectively.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_ DAY OF \_\_\_\_\_ 201\_\_\_\_

\_\_\_\_\_  
FULL NAMES APPLICANT

\_\_\_\_\_  
FULL NAMES SUPPLIER

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SUPPLIER SIGNATURE

\_\_\_\_\_  
WITNESS APPLICANT

\_\_\_\_\_  
WITNESS SUPPLIER

## **SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION FORM**

**If your business is a CC / Company, we require:**

- Copy of CC /company registration document
- Copy of all the Partners' / Directors IDs
- Copy of your valid liquor licence

**Available payment terms:**

- COD: Drivers are instructed not to leave goods without receiving payment in full.
- EFT: Customers paying via E.F.T need to email their proof of payment through to [accounts@rjbrands.co.za](mailto:accounts@rjbrands.co.za). Please remember to use your company name as reference.