

62 Viljoen Street  
 Krugersdorp North, 1739  
 info@signtherapy.co.za  
 www.signtherapy.co.za  
 Cell: 072 282 7831



*'be lifted up'*

## Sign Therapy Pole ADS – ACCOUNT APPLICATION

### CUSTOMER DETAILS

REGISTERED NAME OF BUSINESS:
TRADING NAME:
COMPANY REGISTRATION NUMBER:
VAT REGISTRATION NUMBER:
PHYSICAL ADDRESS:
POSTAL ADDRESS:
NAME OF CUSTOMER'S CONTACT PERSON:
TELEPHONE NUMBER:
TELEFAX NUMBER:
E-MAIL ADDRESS:

### DIRECTORS/MEMBERS/OWNERS

FULL NAME AND SURNAME	IDENTITY NUMBERS:

### CUSTOMER'S BANKERS

NAME OF BANK:
BRANCH OF BANK:
ACCOUNT NUMBER:
BRANCH CODE:

### TRADE REFERENCES

COMPANY NAME	CONTACT NUMBER	CONTACT PERSON
1.		
2.		
3.		

I/We hereby authorize Sign Therapy to make any enquiries it deems necessary to process this application. If this application is approved I/we agree to be bound by the term and conditions of Sign Therapy as amended from time to time. We also agree that Sign Therapy or any of its subsidiaries may process, store and transmit any of the data above by electronic means. I/we confirm that the information provided above is correct in all aspects.

\_\_\_\_\_

DATE CUSTOMER'S SIGNATURE

SIGN THERAPY SALES REPRESENTATIVE:

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**FOR SIGN THERAPY INTERNAL USE ONLY:**

**ACCOUNT:** \_\_\_\_\_ **APPROVED/REJECTED**

**CREDIT LIMIT:** \_\_\_\_\_ **R**

**CANCELLED CHEQUE REQUIRED:** \_\_\_\_\_ **YES/NO**

**DEBIT ORDER REQUIRED:** \_\_\_\_\_ **YES/NO**

**ACCOUNT NUMBER:** \_\_\_\_\_

**COMMENTS:**

**SIGNATURE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_