

GERMISTON  
(011)-334 8355

PRETORIA  
(012)-327 3374

BLOEMFONTEIN  
(051)-430 9125

DURBAN  
(031)-312 7777



1 MONTE CARLO DRIVE  
RACEWAY INDUSTRIAL PARK  
GOSFORTH PARK  
GERMISTON

TOLL FREE: 0800 060 060  
SERVER@ELECTRO-CITY.CO.ZA  
MARKETING@ELECTRO-CITY.CO.ZA

VAT NO.4290134164 REG NO. 92/25699/23

## CASH APPLICATION

WE, (THE CUSTOMER) \_\_\_\_\_ hereby make application for the opening of  
a cash account with **ELECTRO CITY CC.**

### CUSTOMER DETAILS

1. Registered Name: \_\_\_\_\_

2. Trading Name: \_\_\_\_\_

3. Registration no: \_\_\_\_\_

4. VAT Registration no: \_\_\_\_\_

5. Address and Contact Details

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELLPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ e-Mail address: \_\_\_\_\_

**KINDLY ATTACH COPY OF FOLLOWING DOCUMENTATION:**

1. ID DOCUMENT
2. VAT REGISTRATION
3. COMPANY REGISTRATION DOCUMENT
4. BANKING DETAILS

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INITIALS: \_ \_\_\_\_\_

## OWNERS / DIRECTORS / PARTNERS DETAILS

FULL NAME: _____ ID NUMBER: _____
ADDRESS _____
TEL No: _____
SIGNATURE: _____
FULL NAME: _____ ID NUMBER: _____
ADDRESS _____
TEL No: _____
SIGNATURE: _____
FULL NAME: _____ ID NUMBER: _____
ADDRESS _____
TEL No: _____
SIGNATURE: _____

*Thank you in advance.  
Yours sincerely Finance Department.*