

HARVEST GROUP
When only the best will do

INTERNAL OFFICE USE:

ACCOUNT NUMBER: _____

PO BOX: 16400 PRETORIA NORTH 0116, Stand 64, 8th Street Babalegi, North West Province SA.
 Tel: +27 12 546 6499 | Fax: +27 12 546 0602 | Email: info@harvestbags.co.za

CASH PURCHASE APPLICATION FORM

HARVEST BAGS (PTY) LTD	HARVEST BOPP BAG MANUFATURING (PTY) LTD	HARVEST TRAYS (PTY) LTD
REG NR. 2016/415792/07	REG NR. 2010/008246/07	REG NR. 2009/023671/07
VAT REG. NO: 4680213396	VAT REG. NO: 4690263068	VAT REG. NO: 4220272027
Mark X Where Applicable	Mark X Where Applicable	Mark X Where Applicable

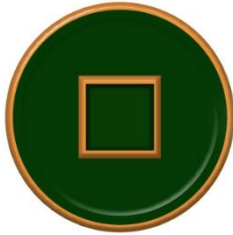
1. Business Name:

Account Name: (Trading Name) _____
 Registered Name: (If different from above) _____
 Registration Number _____ VAT No: _____
 Date Company Began: _____ Number of Employees: _____
 Company Website: www. _____
 Telephone Number: _____ FAX Number: _____

2. Invoice Detail:

Physical Address: _____
 _____ Postal Code: _____
 Delivery Address: _____
 _____ Postal Code: _____
 Postal Address: _____
 _____ Postal Code: _____

INITIAL:



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3. Responsible Person for Orders

Responsible Person for Accounts

Name: _____

Name: _____

ID Number: _____

ID Number: _____

Contact Number: _____

Contact Number: _____

Email: _____

Email: _____

NAME: _____ SIGNED: _____ DATE: _____

HARVEST GROUP

DATE

INITIAL: