

# HARVEST GROUP

*When only the best will do*

INTERNAL OFFICE USE

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

PO BOX: 16400 PRETORIA NORTH 0116, Stand 64, 8<sup>th</sup> Street Babalegi, North West Province SA.  
Tel: +27 12 546 6499 | Fax: +27 12 546 0602 | Email: [info@harvestbags.co.za](mailto:info@harvestbags.co.za)

## CASH APPLICATION FORM

Kindly indicate company applicable:

HARVEST BAGS (PTY) LTD	HARVEST BOPP BAG MANUFACTURING (PTY) LTD	HARVEST TRAYS (PTY) LTD	HARVEST NON WOVEN PRODUCTS (PTY) LTD	HARVEST MEDICAL (PTY) LTD
REG NR. 2016/415792/07	REG NR. 2010/008246/07	REG NR. 2009/023671/07	REG NR: 2017/325819/07	REG NR: 2020/531109/07
VAT: 4680213396	VAT: 4690263068	VAT: 4220272027	VAT: 4200282129	VAT: 4450294071
Mark with X where applicable	Mark with X where applicable	Mark with X where applicable	Mark with X where applicable	Mark with X where applicable

### 1. Business Name:

Account Name: (Trading Name) .....

Registered Name: (If different from above) .....

Registration Number: ..... VAT No: .....

Business Commence Date: .....

Company Website: .....

Telephone Number: ..... FAX Number: .....

Physical Address: .....

..... Postal Code: .....

Delivery Address: .....

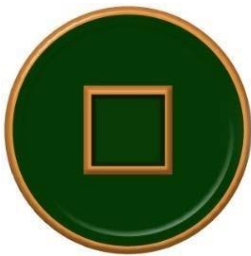
..... Postal Code: .....

Postal Address: .....

..... Postal Code: .....

### 2. Type Of Business: Mark with X where applicable

Sole Owner	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Private Company	<input type="checkbox"/>
Public Company	<input type="checkbox"/>	Close Corporation	<input type="checkbox"/>	Trust	<input type="checkbox"/>
Co-Op	<input type="checkbox"/>	Others: (Please Specify)	<input type="checkbox"/>		



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### 3. Responsible Person for Orders

### Responsible Person for Accounts

Name: .....

Name: .....

Contact Number: .....

Contact Number: .....

Email: .....

Email: .....

### 4. Details of All Directors/Members/Partners/Trustees:

Full Name	ID Number	Physical Address

5. Nature/objective of Business: .....

6. Annual Turnover: .....

7. Any Additional information: .....

### 8. Terms and Conditions

- 8.1 All payments shall be made before invoicing.
- 8.2 Any short payment shall be charge 1.25% interest per month
- 8.3 Only cost of the products with a manufacturing default will be reimbursed and no other possible lost will be entertained
- 8.4 Only cost of the products with a manufacturing default will be reimbursed and no other possible loss will be entertained.

**Please note documents to submit:**

- \* Company registration document
- \* VAT registration



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## Terms and Conditions

The Applicant .....

hereby makes application to open an account with :

:

**Mark with X where applicable**

Harvest Bags (Pty) Ltd	
Harvest BOPP Bag Manufacturing (Pty) Ltd	
Harvest Trays (Pty) Ltd	
Harvest Non Woven Products (Pty) Ltd	
Harvest Medical (Pty) Ltd	

SIGNED at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Full Names of signatory**

The duly authorized representative of Applicant, who warrants that he/she is indeed duly authorized to sign on behalf of the applicant; failing which he/she accepts personal responsibility in respect of all and any orders collected/delivered to applicant in terms of this agreement.

AS WITNESS:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
**HARVEST GROUP**

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