



NEW CUSTOMER APPLICATION

Absolute Organix Pty (Ltd)
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This is not a credit application

TERMS & CONDITIONS

By submitting this form you expressly agree to the following:

1. Claims for shortages, damages or incorrect deliveries will not be considered unless reported within 24 hours of delivery.
2. A customer may not return goods to Absolute Organix without prior written consent.
3. All goods and services shall be paid for, in full, prior to delivery.
4. Ownership of goods shall only pass once all amounts due in respect thereof have been paid for in full.
5. The jurisdiction of the South Gauteng High Court will apply in any legal matter arising between the parties.

NAME OF AUTHORISED PERSON:

CAPACITY:

DATE:

**When completed,
save and email the file to
info@absoluteorganix.co.za**

NAME OF BUSINESS:

TYPE OF BUSINESS (TICK):

RETAIL HEALTH PROFESSIONAL OTHER

YEAR ESTABLISHED:

VAT NO:

REG NO:

DELIVERY ADDRESS:

POSTAL CODE:

TOWN/CITY:

BUSINESS TEL:

NAME OF BUYER:

EMAIL ADDRESS OF BUYER:

MOBILE NO OF BUYER:

PERSON RESPONSIBLE FOR PAYMENT:

EMAIL:

TEL:

OWNER/DIRECTOR'S DETAILS:

NAME:

ID NUMBER:

HOME ADDRESS:

CODE:

MOBILE:

EMAIL ADDRESS:

TRADE REFERENCES:

NAME OF COMPANY:

TEL:

NAME OF COMPANY:

TEL:

NAME OF COMPANY:

TEL: