

Hendrik Van Wyk Vervoer (Pty) Ltd
P.O BOX 212
RANDFONTEIN
1760
Reg No : 2010/001374/07
Tel : 011 692 4244
Fax : 011 412 4845



| | |
|------------------------|--|
| OFFICE USE ONLY | |
| Approved | |
| Account no | |

VENDOR TAKE ON SHEET

COMPANY DETAILS

Registered Name: _____
Trading Name: _____
Date company established: _____
Type of Entity:

| | | | | |
|------------|---------|-------------|----|-------|
| Individual | Company | Partnership | CC | Trust |
|------------|---------|-------------|----|-------|

ID # / Registration #: _____
Telephone number: _____
Nature of business engaged in: _____
Physical Address: _____

Vat Registration #: _____
Fax Number: _____
Website: _____
Postal Address: _____

BANKING INFORMATION

Account holder: _____ Name of Bank: _____
Branch: _____ Branch code: _____
Account number: _____

GIT COVER

Company cover is kept with: _____
GIT value: _____ Date reviewed: _____
Contact Person: _____ Telephone Number: _____

TRADE REFERENCES

| | |
|--|--|
| Name of Company: _____ Telephone number: _____ Contact person: _____ E-mail: _____ Monthly purchases _____ Payment Terms: _____ Latest transaction date: _____ | Name of Company: _____ Telephone number: _____ Contact person: _____ E-mail: _____ Monthly purchases _____ Payment Terms: _____ Latest transaction date: _____ |
| Name of Company: _____ Telephone number: _____ Contact person: _____ E-mail: _____ Monthly purchases _____ Payment Terms: _____ Latest transaction date: _____ | Name of Company: _____ Telephone number: _____ Contact person: _____ E-mail: _____ Monthly purchases _____ Payment Terms: _____ Latest transaction date: _____ |

Please attach copies of the following documents:

- *Cancelled cheque/bank letter (not older than 3 months)
- *Company registration certificate
- *GIT Insurane certificate (not older than 3 months)
- *VAT certificate



VENDOR TAKE ON SHEET

Trading Name _____

Head office based in _____

Office Telephone # _____

GIT Cover
Date reviewed _____

Cover _____

Quotation requests add to mailing list
Contact person _____
Mobile number _____
Birthday _____
E-Mail Address _____

Operational personal add to mailing list
Contact person _____
Mobile number _____
Birthday _____
E-Mail Address _____

Debtors
Contact person _____
Mobile number _____
Birthday _____
E-Mail Address _____

Creditors
Contact person _____
Mobile number _____
Birthday _____
E-Mail Address _____

Orders to be sent to
Contact person _____
Mobile number _____
Birthday _____
E-Mail Address _____

Trailer type
Drop side
Side Tipper
Back Tipper
Tanker
Bottom Discharger
Walking Floor
Taudliner
Flat deck

Fleet operating structure
Own fleet
Broking
Mixture
Owner driven

Area of preference
Gauteng
Limpopo
Mpumalanga

Offloading points / area of preference

Commodity of preference
Maize
Wheat
Soya beans
Sunflower seed
Meal
Oil
Minerals
Palletized goods
FMCG
General equipment

Free state
Eastern Cape
Western Cape
Northern Cape
North West
Cross Border
If Cross Border please specify _____

Notes

****I/ We certify that the information supplied is true and correct and undertake to notify Hendrik van Wyk Vervoer immediately in writing of any change of ownership or details contained herein**

THIS DONE AND SIGNED AT _____ ON THIS _____ DAY OF _____ 20__.

Name: _____ Witnesses: 1. _____
Signed: _____ 2. _____