



**CEEVEE TRANSPORT CONSULTANTS SA PTY LTD**

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Dear Client

Alongside the credit application, our company will require a few more details in order to open your account with us. Kindly complete below and mail back please.

CUT OFF DATE FOR RECEIVING INCOIVES	
DATE RECONCILLIATIONS ARE PREPARED	
PAYMENT DATE	
NAME OF PERSON RESPONSIBLE FOR HANDLING QUERIES/PAYMENT	
CONTACT NUMBER FOR ABOVE	
EMAIL ADDRESS OF ABOVE	
ARE SCANNED AN EMAILED DOCUMENTS FOR PAYMENT ACCEPTABLE (YES/NO)	
ORIGINAL DOCUMENTS TO BE REGISTER POSTED TO YOU AT MONTH END	
ARE COPIED PODs ACCEPTABLE (YES/NO)	
SPECIFIC REQUIREMENTS FOR INVOICING	

\_\_\_\_\_  
 NAME OF REPRESENTITIVE

\_\_\_\_\_  
 CAPACITY OF REPRESENTITIVE

\_\_\_\_\_  
 SIGNATURE OF REPRESENTITIVE

