

**Company Information**

Registered Name		Trading Name	
Company Registration Number		Company VAT Number	
Postal Address		Postal Code	
Delivery Address		Postal Code	
Account Manager			

**Person Responsible for Account Payment**

Name		Surname	
Telephone Number		Email Address	

**Buyer**

Name		Surname	
Email Address			

**Sales Agreement**

1. All accounts must be settled within 7 days from the date of invoice.
2. Pre-payment of goods or services provided may be subject to discretion of Tshwarang Technologies (Pty) Ltd.
3. Claims arising from invoices must be made within five business days.

**Authorised Signatories**

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Completed applications together with supporting documents (if applicable) may be forwarded to our offices via e-mail to [accounts@tshwarang.co.za](mailto:accounts@tshwarang.co.za), or to your assigned sales account manager.