



Alimandi (PTY) Ltd
Wholesale Nursery

PO Box 1361
Southern Paarl
7624

Alimandi Farm
Erf 763
R44
Klapmuts
7625

2016/095365/07
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WHOLESALE CUSTOMER APPLICATION FORM - COD

CLIENT DETAILS

Registered name of business: _____
Type of entity: _____
Date established: _____
Company registration number: _____
VAT registration number: _____
Physical address: _____
Postal address: _____

CONTACT DETAILS - PERSON(S) AUTHORISED TO PLACE ORDERS

Contact person: _____ Telephone nr: _____
Cell nr: _____ Email address: _____
Contact person: _____ Telephone nr: _____
Cell nr: _____ Email address: _____

CONTACT DETAILS - PERSON(S) RESPONSIBLE FOR ACCOUNTS

Contact person: _____ Telephone nr: _____
Cell nr: _____ Email address: _____
Contact person: _____ Telephone nr: _____
Cell nr: _____ Email address: _____

BY SIGNING BELOW, I/WE CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE

Signature: _____ Print name: _____ Date: _____
Signature: _____ Print name: _____ Date: _____
Signature: _____ Print name: _____ Date: _____

[Please send this form and/or any queries to sales@alimandi.co.za](mailto:sales@alimandi.co.za)