



AN MS GROUP BUSINESS

CLIENT APPLICATION

PLEASE FILL OUT THIS FORM AND FAX TO +27 21 532 0461 OR EMAIL TO BOOK@BLACKWAGON.CO.ZA

COMPANY NAME:	
ADDRESS:	
	TEL:
NATURE OF BUSINESS:	COMPANY WEB:
EMAIL (for electronic invoicing):	
COMPANY EMAIL:	
NO. OF YEARS ESTABLISHED:	AMOUNT OF MONTHLY CREDIT REQUIRED:
AUTHORISING SIGNATURE:	DATE:
PRINT FULL NAME:	POSITION WITH COMPANY:
CONTACT NAME:	DEPARTMENT:

- 1. Payments will only be processed 30 days after date of invoice.
- 2. Your personal security account number will be forwarded to you on account approval.

CREDIT CARD PAYMENT DETAILS

Name and full postal address of your bank

BANK:															
NAME OF CARD HOLDER:															
VISA:		MASTER CARD:													
CARD NUMBER:															
CVV NUMBER (last 3 digits at back of card):								EXPIRY DATE:							

Blackwagon use only

ACCOUNT NUMBER:	MANDATE NUMBER:	DATE:
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I hereby authorise Blackwagon Transport Pty Ltd to debit the credit card listed above strictly with the value of the monthly invoice provided for Blackwagon services.

AUTHORISING SIGNATURE:	DATE:
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I have read and agreed to the Blackwagon conditions of trading before signing this authorisation.