

**CAPE TOWN**  
Tel: 021 551 2066  
Fax: 021 552 7792

**JOHANNESBURG**  
Tel: 011 334 6263  
Fax: 011 334 6947

www.capepreciousmetals.co.za  
Reg. No. 2009/000145/07



**PORT ELIZABETH**  
Tel: 041 365 1890  
Fax: 041 365 1901

**DURBAN**  
Tel: 031 303 5402  
Fax: 031 303 5403

orders@capepreciousmetals.co.za  
Vat No: 4350252799

## APPLICATION FOR A CUSTOMER ACCOUNT (Ca-001)

Please attach the following documents with application:

Documents Attached	Yes	N/A
Identity document		
Vat registration document		
Company documents		
2nd hand license		
Jewellers Permit		

### Customer Details

Customer Trading Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

VAT Number: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Jewellers Permit Number (Attach copy) \_\_\_\_\_

Physical & Postal Address \_\_\_\_\_

(Inc postal code) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Landline Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EXECUTIVE DIRECTOR: SHARON EADES**

**PROFESSIONAL EXECUTIVE: DR OLGA HOOD-EADES**

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Preferred method of payment:

CASH / CREDIT CARD / EFT

*(No credit card transactions for Gold Purchases)*

Birthdays of contact person:

\_\_\_\_\_

Customer signature:

\_\_\_\_\_

**OFFICE USE ONLY**

		Notes:
Pastel customer code:	_____	_____
Sales code:	_____	_____
Price code:	_____	_____
Customer category:	_____	_____
Employee name:	_____	_____
Management authorisation:	_____	_____

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