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DISTRIBUTOR / RESELLER APPLICATION FORM

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C.O.D RESELLER APPLICATION FORM

TERMS STRICTLY CASH OR INTERNET TRANSFER – T'S AND C'S APPLY

CONTACT PERSON: E-MAIL ADDRESS:

TRADING NAME OF BUSINESS:

REGISTERED NAME OF BUSINESS:

PREVIOUS TRADING/REGISTERED NAMES:

BUSINESS REG. NUMBER OF INCORPORATION: VAT REGISTRATION NUMBER:

DATE OF ESTABLISHMENT OF BUSINESS:

PRIMARY BUSINESS ACTIVITY(S):

COUNTRY: (e.g., SA, BOTSWANA, SWAZILAND, POLAND): COUNTRY CODE (e.g., +27):

REGION: (e.g., GAUTENG, KZN, WESTERN CAPE, MBABANE etc.):

ESTIMATED AVERAGE MONTHLY PURCHASES: R

PHYSICAL ADDRESS:

POSTAL ADDRESS:

CONTACT NO. (Area code + No.) FAX NO. (Area code + No.)

PREMISES OWNED OR LEASED: NAME OF LANDLORD:

POSTAL ADDRESS OF LANDLORD:

DETAILS OF PROPRIETOR/DIRECTORS/MEMBERS/PARTNERS

FULL NAME: ID NO/PASSPORT NO:

RESIDENTIAL ADDRESS:

FULL NAME: ID NO/PASSPORT NO:

RESIDENTIAL ADDRESS:

BANK DETAILS (VERIFICATION FOR ELECTRONIC TRANSFERS)

BANK: BRANCH: BRANCH CODE:

ACCOUNT NAME: ACCOUNT TYPE:

BRANCH NUMBER:

DATE ACCOUNT OPENED:

TRADE REFERENCES

1. COMPANY NAME: TELEPHONE NO:

ADDRESS:

2. COMPANY NAME: TELEPHONE NO:

ADDRESS:

3. COMPANY NAME: TELEPHONE NO:

ADDRESS:

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"I hereby certify that all the above information is true and correct"

Signature: ***Signed at:*** ***Date:***

Print full Name: ***Designation of Signatory:***

FOR CHEQUE PAYMENTS OR CREDIT REQUESTS, PLEASE REQUEST AND COMPLETE A CREDIT APPLICATION FORM

OFFICE USE: ***Processed By:*** ***Date:*** ***Reseller Ref. No:***