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DISTRIBUTOR APPLICATION FORM

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C.O.D RESELLER APPLICATION FORM

TERMS STRICTLY CASH OR INTERNET TRANSFER

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 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