

RESELLERS APPLICATION FORM

NAME & SURNAME: _____ DATE: _____

REGISTERED BUSINESS NAME: _____

REGISTRATION NUMBER: _____ VAT: _____

FULL TRADING NAME: _____

DELIVERY ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

NATURE OF BUSINESS: _____

BUSINESS TYPE: SOLE PROPRIETOR PARTNERSHIP
 CORPORATION

WHO WILL BE INCHARGE OF THE ACCOUNT?

NAME: _____ SURNAME: _____

MEMBER OR MEMBERS CONTACT INFORMATION

MEMBER 1 _____ **ID:** _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____ **CELL:** _____

MEMBER 2 _____ **ID:** _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____ **CELL:** _____

MEMBER 3 _____ **ID:** _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____ **CELL:** _____

MEMBER 4 _____ **ID:** _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____ **CELL:** _____

CREDIT APPLICATION FORM

ESTIMATED CREDIT REQUIRED: _____ TERMS ARE 30 DAYS NET

BANKING DETAILS

NAME OF BANK: _____ BRANCH: _____

ACCOUNT NUMBER: _____ ACC NAME: _____

CREDIT REFERENCES

REF 1
BUSINESS NAME: _____

PHONE NUMBER: _____

FAX NUMBER: _____

REF 2
BUSINESS NAME: _____

PHONE NUMBER: _____

FAX NUMBER: _____

REF 3
BUSINESS NAME: _____

PHONE NUMBER: _____

FAX NUMBER: _____

THE ABOVE INFORMATION IS SUBMITTED FOR THE
SOLE PURPOSE OF OPENING AN ACCOUNT AND I
HEREBY CERTIFY THE INFORMATION TO BE TRUE.
I HAVE READ AND UNDERSTOOD THE T&C'S

TITLE: _____

DATE: _____

SIGN: _____

