

DEALER REGISTRATION FORM - Return with copy of ID and Company Registration

Please note: this is NOT a credit application form

COMPANY DETAILS

Business name:					
Company registration number:					
Years in business?				VAT Number:	
Phone:				Fax:	
Cell:				Email:	
Postal Address:					
Physical Address:					
City:				Postal Code:	
News Updates:		YES	NO	Training:	
				YES	NO

STAFF DETAILS

DIRECTORS DETAILS (please provide full name, home address and ID no. for each DIRECTOR/MEMBER)

Name:				ID no.:			
Home address:							
Name:				ID no.:			
Home address:							
Name:				ID no.:			
Home address:							
Purchasing Authority:							
Accountant contact:							

TECHNICAL STAFF (Please circle job description)

Name:		engineer	technician	wiring	Name:		engineer	technician	wiring
Name:		engineer	technician	wiring	Name:		engineer	technician	wiring
Name:		engineer	technician	wiring	Name:		engineer	technician	wiring
Name:		engineer	technician	wiring	Name:		engineer	technician	wiring
Name:		engineer	technician	wiring	Name:		engineer	technician	wiring
Name:		engineer	technician	wiring	Name:		engineer	technician	wiring

BANK DETAILS

Bank Name:				Account Number:			
Branch Code:				Phone Number:			

COMPANY HISTORY

TRADE REFERENCES

Name:				Tel:			
Name:				Tel:			
Name:				Tel:			

REFERENCE SITES (List past projects)

1		6	
2		7	
3		8	
4		9	
5		10	

Area of specialisation:

Signature:				Print Name:		Date:	