



THE PROFESSIONALS CHOICE

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DEALER APPLICATION

1. Full Registered Name of Business: _____
2. Trading as: _____
3. Date Business Established: _____
4. Vat Registration No.: *(copy of Vat certificate)* _____
5. Company Registration No.: _____
6. Registered Office Address: _____

_____ code: _____
7. Nature of Business: _____
8. Person Responsible for purchases: _____
9. Physical Address: _____

_____ code: _____
10. Postal Address: _____

_____ code: _____
11. Email Address: _____
12. Website Address: _____
13. Telephone no.: _____
14. Fax no.: _____
15. Mobile: _____
16. How did you hear from us: _____

I CONFIRM THAT ALL GOODS PURCHASED BY THE APPLICANT ARE FOR RESALE PURPOSES

Signature: _____

Print Name: _____

Date: _____

Please complete and fax back to 031 767 3926