

DDS Reseller Application

Trading Information

Company Name		Telephone No.	
Registered Name		Fax No.	
Registration No.		Vat No.	
Contact Name		Email	
Contact Accounts		Email	
Website Address			
Physical Address			
Postal Address			

Term at current Address		How long under current Management		Date Established	
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Type of Business	Public Company	Partnership	Private Company	Close Corporation	Sole Proprietor
Other (specify)					

Company Profile (Background to endorse Application, include brief company overview)

Bank Details		Branch Name	
Account No.		Branch Code	

Full Names and particulars of Owners

Name		ID Number	
Residential Address			
Name		ID Number	
Residential Address			
Name		ID Number	
Residential Address			

Trade References

Company	Telephone No.	Contact	Terms

I the undersigned (Full Name) _____ in my capacity as _____ of applicant (Name of Company) _____ hereby warrant that I am duly authorised to make this application and give this information on behalf of the applicant / customer. I do hereby on behalf of the applicant / customer accept and agree to the terms and conditions of trade herewith, which I have read and understood.

Signature for the applicant/customer duly authorised: _____ Date: _____

Witness 1: _____ Witness 2: _____
Name: _____ Name: _____

Please note: All information will be treated with the utmost confidence
Please Supply Copy of ID Documents of owners and company documents with Application
Private and Confidential

Signed & Accepted: _____