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DEALER APPLICATION FORM

Trading Name of Business:			
Registered Name of Business:			
Type of Company (Tick Box) :		Year Established: _____	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Company <input type="checkbox"/> Other (Specify)
Company Reg. No. :		VAT Reg. No.:	
Nature of Business :			
Estimated Purchases Per Month : R			
Physical Address:			Code:
Postal Address:			Code:
Registered Address:			Code:
Telephone : ()		Cell :	
Fax : ()		Email :	
Details of: <input type="checkbox"/> Proprietors <input type="checkbox"/> Directors <input type="checkbox"/> Members <input type="checkbox"/> Partners			
Full Name:		ID Number:	
Residential Address :			Code:
Cell Phone :		Citizenship :	
Full Name :		ID Number:	
Residential Address :			Code:
Cell Phone :		Citizenship :	
Trade Reference 1:	Contact Person :	Telephone:	
Trade Reference 2:	Contact Person :	Telephone:	
Trade Reference 3:	Contact Person :	Telephone:	
PLEASE SEND THE FOLLOWING DOCUMENTS TOGETHER WITH THIS APPLICATION:			
1.) COPY OF ID DOCUMENT OF ALL MEMBERS/DIRECTORS/PARTNERS/PROPRIETORS			
2.) COPY OF COMPANY REGISTRATION DOCUMENT			
3.) COPY OF VAT REGISTRATION CERTIFICATE			
4.) COMPANY LETTERHEAD			
I hereby certify that all the above information is correct and agree to abide by the credit terms set out herein: STRICTLY C.O.D.			
_____	_____	_____	_____
Name	Signature	Date	Company Stamp

FOR OFFICE USE ONLY:

Account Number : _____	Account Name: _____
Date Created : _____	Approved By: _____
Special Notes : _____	