



Please fax form back to us tel.: 011 953 4501 fax: 086 540 9908 cell: 076 453 4501 email: penumbra.smith@gmail.com www.epicarmoury.co.za

DEALER APPLICATION FORM

Trading name of business:		Date of incorporation / Commencement:			
Registered name of business:		Vat No:			
Previous trading / Registered names:		(Pty)	CC	Other Specify:	
Holding companies:		Subsidiary / Assoc. companies:			

Business activities:

Physical Address:		Code:
Are deliveries to be made to this address:		If not, then where:
Postal address:		Code:
Are invoices to be sent to this postal address:		If not, then where:

Tel: area code & No: ()		Fax: area code & No: ()	
Premises:	Owned	Leased	Name of Landlord:
Postal address of Landlord:		Code:	

Details of	Proprietors (% shares)	Directors	Members (%interest)	Partners
Full name:				
Residential address:		I.D. No:		
Full name:				
Residential address:		I.D. No:		
How long has the proprietor(s) owned the business:				

Auditor's/ Financial Officer's name:	Tel: area code & No: ()
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Banking details - Institution:	Branch:	Date opened:
Account type:	Account name:	Account No:

Trade reference 1:	Tel: area code & No: ()
Address:	Credit Limit: R

Trade reference 2:	Tel: area code & No: ()
Address:	Credit Limit: R

Trade reference 3:	Tel: area code & No: ()
Address:	Credit Limit: R

Account contact person:	Credit required per month: R
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Undersigned accepts the Standard Conditions of Agreement on this reverse side. The customer acknowledges that any amount due for goods and services will be due unconditionally within the approved credit period from the date of an invoice being issued by the company. Payment by cheque: The customer hereby declares that no cheques will be issued in payment unless there are sufficient funds available and that such funds will remain available in order that all cheque payments will be honoured and that under no circumstances will any cheque be stopped.
I hereby certify that all above information is correct.

Signed: Date:

Name of Signatory (printed): Company designation:

