



DEALER APPLICATION

COMPANY NAME :

REGISTRATION NUMBER :

VAT NUMBER :

NO. OF YEARS IN BUSINESS :

NATURE OF BUSINESS :

TRADING AS (if applicable) :

CONTACT PERSONS : SALESACCOUNTS

REG OFFICE ADDRESS:

.....

.....

TRADING ADDRESS:

.....

.....

DO YOU OWN THE PROPERTY ?

IF NOT – NAME, ADDRESS & TEL OF LANDLORD

.....

.....

.....

TRADE REFERENCES

COMPANY:.....

TEL. NUMBER (.....)

CREDIT LIMIT:

COMPANY:

TEL. NUMBER (.....)

CREDIT LIMIT:

COMPANY:

TEL. NUMBER (.....)

CREDIT LIMIT:

POSTAL ADDRESS:

.....CODE:

E-MAIL ADDRESS:

TEL NUMBER (.....)

FAX NUMBER (.....)

DO YOU REQUIRE TERMS? *South Africa only*.....

BANKER:

BRANCH:

BRANCH CODE:

ACCOUNT NUMBER:

NAME of ACCOUNT:

AMOUNT of CREDIT REQUIRED: *South Africa only*

AUDITORS

NAME OF AUDITORS:

TEL. NUMBER (.....)

CONTACT PERSON:

CERTIFIED TO BE TRUE & CORRECT

SIGNATURE:

DESIGNATION:

ALL MERCHANDISE WILL REMAIN THE PROPERTY OF PDI TRADING UNTIL PAID FOR IN FULL

WE, THE UNDERSIGNED, BEING DIRECTORS / PARTNERS OF THE ABOVE MENTIONED COMPANY, IN OUR PERSONAL CAPASITIES, GUARANTEE PAYMENT OF ANY AMOUNTS DUE TO **PDI TRADING** FOR GOODS SUPPLIED TO THE COMPANY.

FULL NAMES:

ADDRESS:

.....

SIGNATURE:

FULL NAMES:

ADDRESS:

.....

SIGNATURE:

PLEASE FAX COMPLETED APPLICATION BACK TO: +27 21-762 1038