

DURBAN

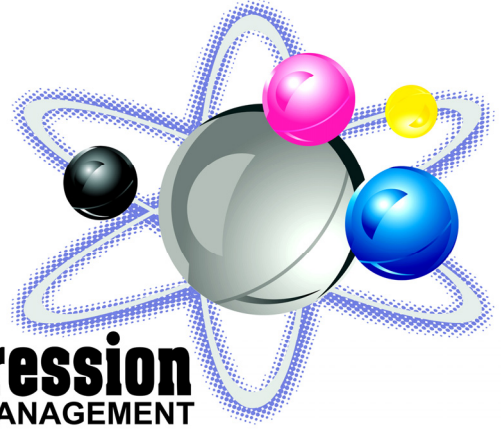
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 PO BOX 1248, Kloof 3640, Kwa-Zulu Natal, RSA
 Tel: (031) 777 1222 Fax: (031) 777 1223 info@impression.co.za

CAPE TOWN

Unit K2, Centurion Business Park, Bosmansdam Road, Milnerton, Cape Town, 7441
 Tel: (021) 592 0847/551 6403 Fax: (021) 551 9802 cape@impression.co.za

JOHANNESBURG

Unit 2, Kya North Park, 28A Bernie Street,
 Kya Sands, Ext 23,21,63, Johannesburg, Gauteng, RSA
 Tel: (011) 708 7743 Fax: (011) 708 7305 jhb@impression.co.za



Impression
MANAGEMENT

DEALER APPLICATION (Not a Credit Application)

Trading name of business:
Contact Person and Direct Contact Line:
Contact Person Cell:
Contact Person email:
Registered name of business:
Reg. Number of incorporation:
VAT registration number:
Date of establishment of business:
Registered name of holding companies:
Nature of Business:
Physical / Delivery address:
Postal address:
Telephone: ()
Facsimile: ()
Details of Company Owners:
Full name:
ID #:
Residential address:
Full name:
ID#:
Residential address:
Banker details:
Institution: _____ Branch: _____
Account type: _____ Account Name: _____
Account Number: _____ Branch Code: _____
Approximate Value of purchases per month R _____ - PLEASE NOTE C.O.D PAYMENTS ONLY

"The undersigned hereby accepts the Standard Conditions of Agreement, as well as the Terms and conditions of sale (available on request) on behalf of the abovementioned customer. Furthermore, the undersigned hereby warrants that he is duly authorized thereto by the said customer, and on his behalf as surety for and co-principal debtor with the customer in terms of the said Terms and conditions of Sale. The undersigned hereby warrants that he has read and understood the said Terms and Conditions".

Please note C.O.D Payments only.

Payment by cheque: (acceptable only by prior arrangement with Management).

The customer hereby declares that no cheques will be issued in payment unless there are sufficient funds and that such funds will remain available in order that all cheque payments will be honoured and under no circumstances will any cheque be stopped. I hereby certify that all above information is correct."

Signed: _____ Date: _____

Name of signatory (please print): _____		Company designation of Signatory: _____	
Accepted by: _____	Date: _____	Notes: _____	