

Dealer Application

PLEASE COMPLETE THIS FORM IN FULL

Title Mr Mrs Ms Prof Dr Other _____

Name

Holding Company Name

Trading Name

Number of Trading Years Co. Reg No. VAT No.

Type of entity Public Company Private Company Closed Corporation Partnership Sole Proprietor

Tel E mail 1

Fax E mail 2

Cell

Physical Address

Postal Address Code

Bankers Branch

Acc No: Acc Type Branch Code

PLEASE NAME FOUR TRADE REFERENCES

Supplier 1 Tel Credit limit R

Supplier 2 Tel Credit limit R

Supplier 3 Tel Credit limit R

Supplier 4 Tel Credit limit R

MY COMPANY OFFER THE FOLLOWING PRODUCTS AND / OR SERVICE:

Compatible Cartridges (Please specify what brand)

OEM Cartridges Computer Hardware Software Products Stationary Printer Servicing & Repairs Network installations

Other (Please specify)

My business is conducted from: Home Office Shopping Centre (Please specify)

DEPOSIT REQUIREMENT

Please note that a deposit for the amount of R570,00 is payable with this application for dealership. This deposit will be deducted from your FIRST order, if the total value of your invoice exceeds at least R2000 (excl. VAT.)

This deposit is payable in Cash / Electronic Transfer or Cheque.

Our Banking Details:

Account Name: Cartridge Depot cc
 Account No: 5885 1182 569
 Bank: First National Bank
 Branch: Hatfield
 Branch Code: 252-145
 Your Reference: Please use your Company Name
 Please fax this form, together with your proof of payment to (012) 342 0117

I hereby apply for dealership, and accept all the terms and conditions for registering as a dealer with Cartridge Depot cc.

 Print name Signature Date