

Dealer C.O.D Application form



Pages including cover (1 to 4)

Please complete all information requested
Return to Fax number 0866-160213

Company: (Trading Name)

P.O. Box Town Code.....

Physical Address

.....

Telephone Fax

Mobile number

E-mailV.A.T. Number

Company Registration Number

Type of Business: Public Company, Private Company, Closed Corporation or Sole Proprietor

.....

E-mail address for Invoices and Statement if applicable

E-mail address for Technical and Promotional items

Tel: 0861-113399
Fax: 0866-160213
www.cables.co.za
P.O.Box 784479
Sandton
2146

Full Name, ID Number of Director, Member, Partner or Sole Proprietor authorized to sign on behalf of the Busniess

1) Full Name

Identity Number

Physical Home address

.....

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I, the applicant hereby accepts the Terms and conditions of sale and Warranty Procedure as published on the suppliers website www.cables.co.za and hereby warrant that I have read and understood the said Terms and Conditions and Warranty Procedure. The Terms and Conditions and Warranty Procedure are deemed to be incorporated herein and form part hereof.

Signed by the applicant or its authorized agent / signatory who hereby warrants that he is authorized to sign on behalf of the applicant or business.

Print Name

Designation of applicant.....

SignatureWitness.....

Date

Date

Submission Checklist

- 1. Copy of your VAT Certificate (if you are claiming VAT)
- 2. Copy of your South African ID document

Please fax the application and supporting documents to 0866-160213 or scan to sales@cables.co.za

