



APPLICATION FOR RE SELLER

Hardware & PPE Supplies

This is not an account application
This document must be send with a COD or Account Application.

Tel: 016 971 2636 / 2543

hardware@amcedeng.co.za

32 Saturn Street

Naledi Industrial Park

Vaalpark 1947

INDUSTRY / SECTOR TYPE			
Industrial End User	<input type="checkbox"/>	Industrial Reseller	<input type="checkbox"/>
Services-Labour Brokers	<input type="checkbox"/>	Government	<input type="checkbox"/>
Schools & Universities	<input type="checkbox"/>	Hospitals & Medical	<input type="checkbox"/>

Representative:	<input type="text"/>	FOR OFFICE USE	
Area / Profance	<input type="text"/>	Reseller	<input type="text"/>
	<input type="text"/>	Approved	<input type="text"/>
		Account Type	<input type="text"/>

APPLICATION FOR RE SELLER

A. CONFIDENTIAL

FULL NAME OF "THE APPLICANT"

TRADE NAME/STYLE OF APPLICANT

P O BOX TOWN CODE

TEL Office Tel Sales

TEL Accounts Fax

PHYSICAL / DELIVERY ADDRESS

 Code

P.O. Box

 Code

SUBURB TOWN Code

Comp Reg No. Vat No

Tax Reg No. REGISTERED OFFICE OF Co/cc

SOLE OWNER PARTNERSHIP (PTY) LTD CC TRUST

PERSON RESPONSIBLE FOR ACCOUNT

E-MAIL ADDRESS Cell

PERSON RESPONSIBLE FOR BUYING

E-MAIL ADDRESS Cell

YEAR COMMENCED BUSINESS

NAME AND ADDRESS OF AUDITORS

NAME OF ACCOUNT

BANKERS BRANCH

ACCOUNT NO DATE A/C OPENED

Directors Full Name	Home Address	ID Number	Tel
1			
2			

INITIALS INITIALS INITIALS

Supporting Documents

A Copy of the following documents must accompany the account application

	Yes	No	N/A	Notes
Comp Reg No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tax Reg No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vat No.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ID (s) of Directors / Owners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proof of Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bank Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BEEE Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Letter of Goodstanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
COD / CREDIT ACCOUT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>