



## RESELLER AGREEMENT

0861 999 500 | 0866 426 381 | www.dbg.co.za | accounts@dbg.co.za

Registered Name:

Trading Name:

Type:  CC  PTY  SOLE  PARTNERSHIP

Office:

Cell:

Fax Number:

Account Contact Person:

Sales Contact Person:

Account Email Address:

Sales Email Address:

Registration Number:

VAT Number:

Delivery Address:

Instructions (If Any):

Postal Address:

Website Address:

**Internal Use:** Account No:

Account Type:

## BANK DETAILS

Bank Name:

Account Number:

Branch Code:

Estimated Monthly Purchases:

## Full Details of Directors/Members/Owner(s)

Name:  ID:

Physical:

Name:  ID:

Physical:

Name:  ID:

Physical:

### Trade References

Company Name:

Tel:  Credit Limit:

Company Name:

Tel:  Credit Limit:

Company Name:

Tel:  Credit Limit:

### How Did You Hear About Us?

- Google Ads
- Search Engine
- Exhibition | Trade Show
- Magazine Advert

Other:

Contact person at Uniterm :

Signature:

Name:

Capacity:

Date:

Please ensure that the application form is completed in full and that copies of the below documents are attached, incomplete documents will not be accepted.

- 1) Copy of Company Registration Documents
- 2) Copy of Vat Registration Document
- 3) Copy of Directors / Members I.D