ESQUIRE

www.esquire.co.za

Sales Representative:

Esquire Life Style Park
71 Landmark Avenue
Samrand, Kosmosdal
P.O. Box 3768
The Reeds,0158
Tel: (012) 657 8500/1111
Fax: (012) 657 0374

***Please include a copy of the following with you C.O.D Dealer Application Form.**
1) Copy of Company Registration documentation:
2) Copy of Vat Registration documentation;
3) Copy of Cancelled Cheque (Proof of Banking Details);
4) Copy of Water & Lights Bill (Proof of Delivery Address)'
5) Copy of Directors I.D;
***These documents can be e-mailed or faxed with the C.O.D Dealer Application form to**

accounts@esquire.co.za or faxed to (012) 657 0374.

C.O.D DEALER APPLICATION FORM

Terms Strictly Cash Or Internet Transfer

E-MAIL ADD:	ACC NO: (For Official Use only)
Contact person's Name:	Cell No:
Trading name of business:	
Registered name of business:	
Previous trading/registered names:	
Business Reg. Number of incorporation:	
VAT registration number:	
Date of establishment of business:	
Business activities:	
Estimated average monthly purchases: R	
Physical address:	
Postal address:	
Tel. Area code & no. ( )	Fax. Area code & no ( )
Premises owned or leased:	Name of landlord:
Postal address of landlord:	
Details of Proprietors/Directors/Members/Partners	
Full name:	ID No. (or date of birth)
Residential address:	
Full name:	ID No. (or date of birth)
Residential address:	
BANK DETAILS-TO VERIFY INTERNET TRANSFERS	
Bank:	Branch:
Account Name:	Account Type:
Branch Code:	Account Number:
Date account opened:	
TRADE REFERENCES:	
1. Company Name:	Tel No:
Address:	
2. Company Name:	Tel No:
Address:	
3. Company Name:	Tel No:
Address:	

To view our range of products, latest price list and specials please visit our web-site at www.esquire.co.za

Would you like our Price Lists to be: **e-mailed yes/no** **faxe yes/r**

"I hereby certify that the above information is correct."

Signed: _____Date: _____

Print Full Name: _____

Designation of signatory: _____

For Cheque payments or Credit requests please complete a Credit Application form