



RESELLERS APPLICATION FORM

REGISTERED NAME OF BUSINESS:

COMPANY REGISTRATION NUMBER:

VAT NO:

PURCHASING DEPT – CONTACT PERSON:

EMAIL ADDRESS:

TEL:

ACCOUNTS DEPARTMENT – CONTACT PERSON:

E-MAIL:

TEL:

POSTAL ADDRESS:

DELIVERY ADDRESS:

FULL NAMES OF OWNERS / DIRECTORS / PARTNERS: ** PLEASE ATTACH A COPY OF ID('S)**

I.

II.



RESELLERS APPLICATION FORM

BANKING DETAILS

BANK & BRANCH CODE: _____

ACCOUNT NAME: _____ ACC #: _____

TRADE REFERENCES

1.

2.

SIGNATURE OF OWNER: _____

TERMS:

Strictly Payment on order

EFT payments - please pay before collection and send a Proof of Payment to lisa@bettasmokes.co.za

Goods will not be released without payment

ACCOUNT APPLICATION REVIEWED: _____

APPROVED: _____