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Wholesalers of **SAKO** Solar Systems
 SOLE DISTRIBUTORS IN SA

Application for re-seller - COD

Registered Company Name:	
Trading Name:	
Company Reg Number:	VAT Number:
Company Postal Address:	
	Code:
Company Delivery: <u>Name & Address:</u>	
Street Name and Number:	
Suburb:	City:
Province:	Code:
Tel:	Fax:
<i>Main Email:</i>	
1. Owner/Directors Name:	<i>(Please include a copy of your ID)</i>
Cell Tel:	
2. Owner/Directors Name:	<i>(Please include a copy of your ID)</i>
Cell Tel:	
Short Business Description:	
<u>Trade Reference:</u>	
Relation:	Tel:
Signed at:	on _____ 20
Name:	Signature:
Company Stamp	Authorise: <u>OFFICE USE</u>
	Limit: _____
	Payment Terms: _____
	Category: _____
	Rep: _____
	List: _____
	Date: _____
Account no: _____	