



You will never be alone on the side of the road

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E-mail: sales@sleepwaparte.co.za

“RETAILER APPLICATION FORM”

DATE: _____ 20_____

1. Full Names & Surname of applicant:

Company's registered name: _____

Company's trading name: _____

Registration number: _____ VAT Number: _____

Identity number if customer is a private individual: _____

2. Type of entity: (mark appropriate box)

Table with 4 columns: PRIVATE COMPANY, CLOSE CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP

3. Physical address: _____ Code: _____

4. Telephone number: _____ Cell Number: _____

5. E-mail address: _____

6. Website address _____

Facebook page: _____

7. What other brands will you be retailing? _____

8. Estimated monthly purchases? R _____

Hereby, I _____, the undersigned, ID: _____, warrant that all the information in this application is true and correct.

Signature

Name and Surname

Date

Please attach the following documents and e-mail it to sales@sleepwaparte.co.za

- 1. Company registration documents
2. ID documents of the directors / owners
3. Vat Registration document
4. Proof of address – company
5. Pictures of the outside and inside of the building

FOR OFFICE USE: APPROVED BY: _____ DATE: _____

COMMENTS: _____