

TriniT

Faucets

www.trinit.co.za

TriniT
2 North Bank In
106 Portofino
The Island Club
Century City, Cape Town 7441
Tel: (+27 87) 330 999

Dealer Advisor:

Name: _____
Tel: _____
Cell: _____ (For Office Use only)

***These documents can be e-mailed to :**

info@trinit.co.za

C.O.D RESELLER APPLICATION FORM

Terms Strictly Cash Or Internet Transfer

E-MAIL ADD:	ACC NO: (For Office 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:	
Country: (e.g: S.A, Botswana, Swaziland, Poland etc.) :	
REGION- (e.g: Gauteng, KZN, Western Cape, Swaziland etc.) :	
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:	

Which email address would you like the Price Lists & Newsletters to be emailed to:

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

Signed: _____ Date: _____

Print Full Name: _____

Designation of signatory: _____