



Date	
Customer No	
Salesperson	

## WHOLESALE APPLICATION

Company Registered Name	
Trade Name	
Physical Address	
No of Directors	
Directors Name	Directors Name
Address	Address
Tel no:	Tel no
ID No	ID No
Year business commenced	
Delivery Address	
Suburb/City/Postcode	
Province	
CK Doc no	Vat Reg. No
Sole Owner <input type="checkbox"/> Pty Ltd <input type="checkbox"/>	
Salesman name – BUYER	
Contact Person Tel an Mobile	
E-Mail Address	
Person responsible for account	
Contact Person Tel an Mobile	
Website Address	
Trade reference 1: Name	Account no:                      Tel No:
Trade reference 2: Name	Account no:                      Tel No:
Trade reference 3: Name	Account no:                      Tel No:

SIGNED AT: \_\_\_\_\_ ON \_\_\_\_\_ (DAY) \_\_\_\_\_ (MONTH) 20\_\_\_\_

REPRESENTATIVE SIGN: \_\_\_\_\_ FULL NAME: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

**ATTACH SUPPORTING DOCUMENTS:**

ID COPY, CK DOC, PROOF OF ADDRESS, COPY OF VAT CERTIFICATE