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WEBSITE	www.ptdistributors.co.za

		WEBSITE	www.ptdistributors.co.za	
DEALER REGISTRATION				
	COMPANY CONTAC	т		
COMPANY NAME				
TELEPHONE				
FAX		PHYSICAL ADDRESS		
EMAIL		WEBSITE		
POINT OF CONTACT NAME &				
TITLE		CONTACT EMAIL		
CONTACT PHONE 1		CONTACT MOBILE		
SALES CONTACT NAME & TITLE		CONTACT EMAIL		
CALEC CONTACT DUONE		SALES CONTACT		
SALES CONTACT PHONE		MOBILE		
PROCUREMENT CONTACT NAME & TITLE		CONTACT EMAIL		
		PROCUREMENT		
PROCUREMENT CONTACT PHONE		CONTACT MOBILE		
	COMPANY OVERVIE	W		
GENERAL DETAILS OF SERVICES /				
GOODS		CDOSS ANNUAL		
DATE COMPANY ESTABLISHED		GROSS ANNUAL SALES		
GEOGRAPHIC		5/1225		
SERVICE AREA		COMPANY TYPE		
		YEARS PREVIOUSLY		
VAT NUMBER		REGISTERED		
REGISTRATION NUMBER				
	REFERENCES			
SUPPLIER NAME	CONTACT PERSON	TELEPHONE NUMBER	VALUE OF SPEND	
BANKING INFORMATION				
BANK NAME				
BENEFICIARY NAME		-		
ACCOUNT NUMBER		BANK ADDRESS		
	CERTIFICATION			
I hereby affirm that I have the authority to complete this form on behalf of the said organisation and that all information supplied is true and				
accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of this				
dealer application as an approved d	lealer for Pro Tech Distributors			
PRINTED / TYPED NAME		TITLE		
SIGNATURE		DATE		
All information provided will be considered confidential and private.				