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A P P L I C A T I O N T O B E C O M E A S T O C K I S T

COMPANY DETAILS

1. FULL REGISTERED NAME OF BUSINESS: _____
BUSINESS REGISTRATION NUMBER: _____
2. TRADE NAME OF BUSINESS: _____
3. NATURE OF BUSINESS: _____
4. DATE BUSINESS ESTABLISHED: _____
5. TYPE OF BUSINESS: SOLE PROPRIETOR; PARTNERSHIP; (PTY) LTD; CC
(ATTACH COPIES OF COMPANY REGISTRATION PAPERS AND OWNER I.D.'s)
6. REGISTERED ADDRESS OF BUSINESS: _____

7. DOMICILIUM CITANDI ET EXECUTANDI (STREET ADDRESS OF BUSINESS): _____
_____ CODE: _____
8. POSTAL ADDRESS OF BUSINESS: _____
_____ CODE: _____
9. TELEPHONE NO.: _____ FAX NO.: _____ EMAIL: _____
10. VAT NUMBER: _____ (PLEASE PROVIDE COPY OF VAT CERTIFICATE)
11. SALES - CONTACT PERSON: _____ TEL.: _____ FAX.: _____
12. ACCOUNTS - CONTACT PERSON: _____ TEL.: _____ FAX.: _____
13. HAVE YOU CONDUCTED BUSINESS WITH US BEFORE? YES NO

DATE: _____ PLACE: _____

NAME OF OWNER: _____

SIGNATURE(OWNER): _____ TEL No.: _____

OFFICIAL COMPANY
STAMP