

Computer Component Distributors
babara@ccdbloem.co.za
www.ccdbloem.co.za
Vat no: 4850159973 Reg no: 1996-01421-23

Street Address
1 Grey Street
Hilton
9301

Postal Address
PO Box 26852
LHP
9330

TO ALL APPLICANTS

**PLEASE NOTE, ALL APPLICATIONS MUST BE SIGNED
TO ENABLE US TO PROCESS YOUR REQUEST**

- COPY OF CK1 OR REGISTRATION DOCUMENT

(THE PURPOSE OR FUNCTION OF YOUR BUSINESS MUST BE CLEARLY SPECIFIED)

- COPY OF VAT. CERTIFICATE

- COPY OF CANCELLED CHEQUE OF REGISTERED COMPANY

(PLEASE NOTE THAT WE DO NOT ACCEPT ANY PRIVATE CHEQUES)

- COPY OF ALL MEMBERS/DIRECTORS ID

**IF THE DEALER APPLICATION IS NOT ACCOMPANIED BY THE ABOVE, WE WILL
NOT BE ABLE TO PROCESS YOUR REQUEST.**

PLEASE NOTE:

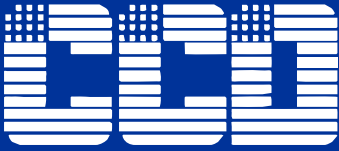
*IT IS CCD'S POLICY TO REQUEST THAT ALL PURCHASES BE PAID EITHER IN CASH NOTES, BANK
GUARANTEED CHEQUES OR WITH DIRECT TRANSFERS FOR THE FIRST THREE MONTHS. ALTERNATIVE
ARRANGEMENTS CAN BE MADE ONCE THE THREE MONTHS HAVE EXPIRED.*

CCD RESERVES THE RIGHT TO CHARGE INTEREST ON ANY OVERDUE ACCOUNTS.

WE LOOK FORWARD TO HEARING FROM YOU SOON!

Regards,

Babara van den Berg
Accounts



DEALER APPLICATION

IS THE APPLICANT: Sole Owner, Partnership, Co.(Pty) Ltd, Close Corporation, Other

TRADING NAME: _____

REGISTERED NAME: _____

REGISTRATION NR: _____

DATE OF REGISTRATION: _____

REGISTERED NAME OF HOLDING COMPANIES: _____

NATURE OF BUSINESS: _____

HOW LONG HAS THE PROPRIETOR(S) OWNED THE BUSINESS? _____

VAT. NUMBER: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TEL:() _____ FAX: () _____

CELL: _____ CONTACT PERSON: _____

CELL: _____ CONTACT PERSON: _____

ACCOUNTS PERSON _____ EMAIL ADDRESS: _____

FINANCIAL DIRECTOR(S) _____

EMAIL ADDRESS: _____

NAME OF BUYERS: _____ EMAIL ADDRESS: _____

_____ EMAIL ADDRESS: _____

_____ EMAIL ADDRESS: _____

_____ EMAIL ADDRESS: _____

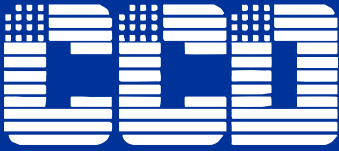
AUDITOR'S NAME AND ADDRESS: _____

PLEASE STATE IF THE PROPERTY IS OWNED OF LEASED BY YOU: _____

IF LEASED PLEASE PROVIDE DETAILS OF LANDLORD: _____

ADDRESS: _____ NAME: _____

TEL:() _____



BANK DETAILS:

BANK: _____ BRANCH: _____

ACCOUNT NR: _____ TYPE: _____

**IF ACCOUNT HAS BEEN OPERATIONAL FOR LESS THAN 12 MONTHS,
 PROVIDE DETAILS OF PREVIOUS BANKERS*

DETAILS OF DIRECTORS/OWNERS/PARTNERS:

NAME: _____ I.D. _____

ADDRESS: _____

TEL:() _____ CELL: _____

NAME: _____ I.D. _____

ADDRESS: _____

TEL:() _____ CELL: _____

NAME: _____ I.D. _____

ADDRESS: _____

TEL:() _____ CELL: _____

TRADE REFERENCES: (FOUR REFERENCES MUST BE GIVEN)

NAME: _____ ADDRESS: _____

CONTACT: _____ TEL:() _____

TERMS: _____ LIMIT: _____

NAME: _____ ADDRESS: _____

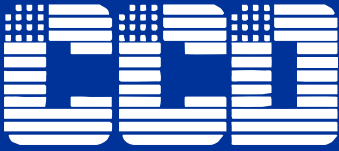
CONTACT: _____ TEL:() _____

TERMS: _____ LIMIT: _____

NAME: _____ ADDRESS: _____

CONTACT: _____ TEL:() _____

TERMS: _____ LIMIT: _____



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TERMS: _____ LIMIT: _____

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CONTACT: _____ TEL:() _____

TERMS: _____ LIMIT: _____

ESTIMATED MONTHLY REQUIREMENTS: _____

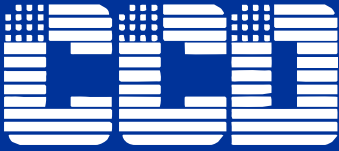
PAYMENT BY CHEQUE:

THE CUSTOMER HEREBY DECLARES THAT NO CHEQUES WILL BE ISSUED IN PAYMENT UNLESS THERE ARE FUNDS AVAILABLE AND THAT UNDER NO CIRCUMSTANCES WILL ANY CHEQUE BE STOPPED. AN ADDITIONAL FEE OF R200-00 WILL BE CHARGED FOR RD CHEQUES.

I WARRANT THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT IN EVERY RESPECT.

SIGNATURE: _____

NAME: _____ DATE: _____



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**MUST BE COMPLETED, EVEN WHEN PAYING BY CHEQUE, CASH NOTES OR BANK TRANSFERS
 APPLICATION FOR GRANTING OF CREDIT.**

SURETY SHIP AND WARRANTY OF AUTHORITY

The signatory, by his signature hereto, binds himself in favor of the supplier, its successors-in-title and assigns as surety for and co-principal debtor in solidum with the customer for the due and punctual performance by the customer of all its obligations to the supplier in terms of this agreement. The surety ship shall remain in full force and effect notwithstanding:

1. Any amendment/s to this agreement and/or any other agreement for the time being subsisting between parties.
2. Any indulgence, concession leniency or extension of time which may be shown or given by the supplier to the customer.

The signatory warrants, as a material warranty which the signatory relies on in entering into this agreement, that he is duly authorised to represent and bind the customer to this agreement, and that he understood each term and condition of this agreement and accepts them.

The signatory and the customer hereby warrant that signatory to any tax invoice, delivery note or other documentation of the supplier made out in the name of, or to the customers duly authorised to bind the customer in respect of the relevant transaction.

Signed at _____

on this the _____ day of _____ year _____

Signature: _____ Name: _____

Id no. _____

NAME OF OWNER / DIRECTOR: _____

ID NUMBER: _____

IF MARRIED: SPOUSE'S NAME _____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____

TEL:() _____ ID NO: _____

NAME OF SCHOOL OF CHILDREN: _____

NAME AND ADDRESS OF NEXT OF KIN: _____

_____ TEL:() _____

DO YOU OWN A CAR? _____ REG. NO. _____

IMMOVABLE PROPERTY: _____

WITNESS:

1. _____ NAME: _____

2. _____ NAME: _____