



21 HIBISCUS WAY  
DURBANVILLE, 7550

E-MAIL: sales@leatherman.co.za  
WEBSITE: www.leatherman.co.za

(T) 021 975 2700  
(F) 021 975 2800

### DEALER APPLICATION FORM

TRADING NAME: \_\_\_\_\_  
 REGISTERED NAME & NO.: \_\_\_\_\_  
 COMPANY VAT REG. NO.: \_\_\_\_\_  
 SUBSIDIARY/ASSOC. COMPANIES: \_\_\_\_\_  
 BUSINESS ACTIVITIES: \_\_\_\_\_  
 POSTAL ADDRESS: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 CELL NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 PREMISES OWNED OR LEASED: \_\_\_\_\_  
 NAME OF LANDLORD: \_\_\_\_\_  
 POSTAL ADDRESS OF LANDLORD: \_\_\_\_\_  
 DETAILS OF PROPRIETORS: \_\_% SHARES/DIRECTORS/MEMBERS; \_\_% INTEREST/PARTNERS  
 FULL NAME: \_\_\_\_\_  
 I.D. NUMBER: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
 FULL NAME: \_\_\_\_\_  
 I.D. NUMBER: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
 LENGTH OF TIME OWNED BY PROPRIETOR(S): \_\_\_\_\_  
 AUDITORS: \_\_\_\_\_  
 TELEPHONE & CONTACT PERSON: \_\_\_\_\_

#### BANKING DETAILS:

INSTITUTION: \_\_\_\_\_ BANK CODE: \_\_\_\_\_  
 ACCOUNT NO.: \_\_\_\_\_ CREDIT REQUIRED: \_\_\_\_\_  
 ACCOUNTS CONTACT PERSON: \_\_\_\_\_ SALES CONTACT PERSON: \_\_\_\_\_

#### TRADE REFERENCE:

(1) NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 (2) NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
 Briefly, what does your company do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE UNDERSIGNED ACCEPTS THE STANDARD CONDITIONS OF AGREEMENT ATTACHED.  
 I HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS CORRECT AND TRUE

SIGNED: \_\_\_\_\_ NAME OF SIGNATORY: \_\_\_\_\_  
 CAPACITY: \_\_\_\_\_ DATE: \_\_\_\_\_

**NB: PLEASE ENCLOSE BLANK/CANCELLED CHEQUE**