



Reseller Application Form

Company Information

Registered Name			
Trading as			
Phone Number		Website	
Registration Number		VAT Number	
Registered Address			
Province, Country		Postal Code	
Shipping Address			
Province, Country		Postal Code	

Contacts

Full Name		Designation	CEO / MD / GM
Cell Phone Number		Email	
Full Name		Designation	Sales
Cell Phone Number		Email	
Full Name		Designation	Accounts
Cell Phone Number		Email	

Signature

Full Name		Designation	
Signature		Date	

I confirm the accuracy of the information supplied and that this is an application to act as a reseller of product and not to purchase for own use

Please email to Jo-Anne.Brown@kathea.co.za or info@kathea.co.za. Queries: +27 11 844 9900

Kathea office use

BP Code	
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