

Reseller/Distributor Application Form

Company Name _____

Address _____

City _____ Province _____ Code _____

Country _____

Phone _____ Fax _____

E-mail _____ Web Site _____

Facebook -----LinkedIn.....Instagram.....

Directors:

Number of years as reseller/distributor:

Availability of shop or other trade point _____

Availability of a warehouse _____

The size of a layout area _____

The products you sell _____

An average number of the visitors per day _____

The basic target groups of the consumers, you cooperate with _____

The average annual company sales: _____

Proposed customers: _____

Proposed areas: _____

Contact person: _____

Product Specialization _____

Phone _____ Fax _____

E-mail _____

Additional information about Contact Person: _____

Filled in Reseller Application Form should be sent by e-mail to: info@aetafrica.co.za with the following supporting documents: **CK documents, Certified copy of directors ID**