



DISPLAYS & COMPONENTS.

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APPLICATION FOR – CUSTOMER CODE ONLY, NOT CREDIT.

NAME OF BUSINESS: _____

TRADING NAME _____

Public Compan (Pty) Ltd Partnership Sole Own Co

COMPANY REGISTRATION No. _____ I.D NO. _____

BUSINESS ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE NUMBER : () _____ FAX NO. : () _____

CELL NUMBER _____

E-MAIL ADDRESS _____

DATE BUSINESS ESTABLISHED : ___/___/___ PREMISES OWNED RENTED

NATURE OF BUSINESS _____

VAT REGISTRATION NUMBER _____

(please attach copy)

NAME OF SUBSIDIARY COMPANY _____
(if any)

NAME OF HOLDING COMPANY _____

NAME OF BANKERS _____

ACCOUNT NUMBER _____

NAME OF AUDITORS _____ TEL () _____

PERSON RESPONSIBLE FOR PAYMENT : NAME : _____

TEL NO () _____

OWNER'S SIGNATURE : _____