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DISTRIBUTORS OF POINT OF SALE HARDWARE

V.A.T No.4060223304

DEALER APPLICATION

Company Name:			
VAT registration number:		Company Reg:	
Telephone Number:		Fax Number:	
Email Address:			
Website:			
Postal Address:			
Physical Address:	Street Number:		
	Town/City:		
	Province:		
Sales Person:		Creditors Clerk:	
Managing Director/Partner:		ID No:	
Financial Director/Partner:		ID No:	
Other Director/Partner:		ID No:	
Banking Details:	Bank:		
	Branch Name:		
	Branch Code:		
	Account No:		
Which POSEQUIP Products are you interested in?	Retail-Point of Sale Hardware Restaurant-Fast food Hardware Barcode/Warehouse Printers	<input type="checkbox"/> POS Computers <input type="checkbox"/> Touch Screens <input type="checkbox"/> Impact Receipt Printers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contact person at POSEQUIP will be:	Rupert, Ian, Leesha, Misheck, Jordan, Kumaran		

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT.

Printed name: _____, Place: _____, Date: ____ / ____ / 2015

Signature: _____.

Do you wish to apply for credit Facilities	YES NO
Terms Required	14 30 45 Days from invoice

A separate form will be sent if credit is required. All applications will require CGIC approval.
 All POSEQUIP debtors are financed via Merchant Commercial Finance (PTY) Ltd. And will also be approved by them prior to credit being granted