

APPLICATION FOR CASH ACCOUNT

ANNEXURE A – COMPANY INFORMATION

GENERAL ADMIN INFO.	
REGISTERED NAME of company (in full):	
TRADING AS:	
VAT REGISTRATION No.:	
NAME OF AUDIOSURE REP:	
POSTAL ADDRESS:	
STREET ADDRESS:	
INVOICES SENT TO:	POSTAL Address [] STREET Address []
STATEMENTS SENT TO:	POSTAL Address [] Accounts Email Address Below * [] Fax No:
TELEPHONE NUMBER/S:	
FAX NUMBER/S:	
E-MAIL ADDRESSES AND NAMES OF RELEVANT PEOPLE:	Management: Tel No: _____ Email: _____ Buyer: Tel No: _____ Email: _____ Accounts: Tel No: _____ * Email: _____
LEGAL ENTITY: (Tick appropriate Block)	Public Company [] Private Company [] Close Corporation [] Partnership [] Sole Trader [] If Sole Trader please state Annual Turnover - Other [] If Other please state Legal Entity -
NATURE OF BUSINESS: (Tick appropriate Block)	AV Integrator [] Buying Group [] Distributor [] Events Company [] Installer – AV [] Installer - Car Audio [] Manufacturer [] Mobile Disco [] Production Company [] Retail Store [] Retailer - Internet [] Rental Company [] Other [] (If other please use comments below to define your Nature of Business) Comments: I give you permission to add me to your Marketing Database Yes [] No []
DATE COMMENCED BUSINESS / INCORP'D:	
REGISTRATION NUMBER:	

DIRECTORS / MEMBERS / PARTNERS:	
NAME:	

Initial _____

ID NO.	
CONTACT TEL. NO.	
NAME:	
ID NO.	
CONTACT TEL. NO.	
NAME:	
ID NO.	
CONTACT TEL. NO.	
SHAREHOLDERS	
NAME:	
ID / REGISTRATION NO.	
CONTACT TEL. NO.	
NAME:	
ID / REGISTRATION NO.	
CONTACT TEL. NO.	
NAME:	
ID / REGISTRATION NO.	
CONTACT TEL. NO.	
BANKING DETAILS	
NAME OF BANK:	
ACCOUNT NAME:	
BRANCH:	BRANCH CODE:
ACCOUNT NO.:	ACC. TYPE:
TRADE REFERENCES	
SUPPLIER:	
ADDRESS:	
CREDIT LIMIT:	PAYMENT TERMS:
CONTACT:	TEL. NO.: ()
SUPPLIER:	
ADDRESS:	
CREDIT LIMIT:	PAYMENT TERMS:
CONTACT:	TEL. NO.: ()
SUPPLIER:	
ADDRESS:	
CREDIT LIMIT:	PAYMENT TERMS:
CONTACT:	TEL. NO.: ()



Initial _____

