

## **DEALER APPLICATION**

							* R	equired
Company Name	*							
Trading Name	*							
Postal Address	*							
					Code*			
Street Address	*							
					*Code			
Delivery Address	*				J.			
					Code			
Web Address	*							
Email Address	*							
Telephone No.	*			Cell No.*				
Reg. No.				VAT No. *				
Name of Owners/F	Partners/Directors							
1.				I D				
2.				I.D. I.D.				
				Ι.υ.				
Channel Contact *				Position*				
Email Address *	* Cell No. *							
				(P	lease note: All Channel bulle	etins will be s	ent to this	contact)
Would you like any	of the following ema	ailed to	you? (	Please tick you	ır choice)			
Product Information and updates:					Monthly Nev	vsletter:		
		Yes	No				Yes	No
Name				Position				
Signature				Date				
Software to be paid for	r in full before shipment							
For Dax Data Internal L	Jse:							
Approved On:				Ву:				

**CAPE TOWN** 

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DAXDATA CC

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