

In order to qualify for our re-seller partnership programme, we request that you please complete our application form.

Registered Business Name:

Trading as:

Company Reg. No.

VAT Reg. No.

Business Type:

☐ PUBLIC ☐ PRIVATE ☐ PARTNERSHIP ☐ SOLE PROPRIETER ☐ CC

Postal Address:

Physical Address:

Telephone Number

Cellphone Number

Contact Name of Buyer:

Buyer Telephone Number

Buyer Cellphone Number

Contact Name of Accounts:

Accounts Telephone Number

Accounts Cellphone Number

Payment terms are strictly 60% up-front and balance on delivery or collection. Goods will not be released without proof of payment. Your COD status will be reviewed every 6 months and depending on your total spend during each 6 month period and payment history, you might be eligible to apply for a 30-day account.

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How many years have you been trading?

Which Province / Cities / Countries do you trade in?

What is your average monthly spend on branded products?

Full Names and ID Numbers of Directors / Members / Partners / Owners

1. Name & Surname

ID Number

Signature _____

2. Name & Surname

ID Number

Signature _____

3. Name & Surname

ID Number

Signature _____

4. Name & Surname

ID Number

Signature _____

Thank you for completing our application form. Your application will be reviewed, and we will be in contact regarding the status of your account. Please contact us should you have any questions. Email: info@gazeboworld.co.za Phone: 010 002 2701