

## Re-Sellers Application Form



Questions +27 (0) 87 940 9971

Company Name:

Name & Surname:

Office Number:

Fax Number:

Email Address:

Company Web Address:

Company VAT Number:

Company Reg Number:

Physical Address:

Postal Address:

I \_\_\_\_\_ from \_\_\_\_\_ can confirm that the above information is true and correct

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

- 1) Amstore Group Standard T&C's Apply
- 2) All fields are required to be completed for a successful registration process
- 3) Please supply Company CK documentation
- 4) On completion of form please could you submit to our account's department - [accounts@amstore.co.za](mailto:accounts@amstore.co.za)
- 5) Once the company applying has been confirmed as a Re-seller an email conformation will be sent along with your Re-seller account number which will allow you to receive Re-seller costs.