

COD DEALER APPLICATION

Scoop Distribution (Pty) Ltd

Company Registration 2001/007610/07 VAT Registration 4830195584 P O Box 60093, Table View, 7439

Please complete this form and e-mail it to the relevant Scoop branch

Select the branch(s) at which you would like your dealer application to be processed

CPT cpt@scoop.co.za JHB jhb@scoop.co.za DBN dbn@scoop.co.za

1. Basic In	formation of Customer							
Registered	Name of Business							
Trading Na	me of Business							
Type of Business		Sole Proprietor	Partnership	Trust	cc	(Pty) Ltd	NPO Other	
		If Other: Describe the type of business:						
Company Registration/ID Number			VAT Number	-				
Billing Address								
Delivery Address								
Nature of Business		Installer/System Integrator Internet/Wireless/VoIP/CCTV Reseller of ICT products Other						
Nature of Business		If Other: Describe the Nature						
		If Other: Does your business have an IT department for installation/support requirements? YES NO						
Total Turnover – Last Financial Year								
2. Contact	Information							
						*Subscribe to our	**Create online	
		Contact Name	Telephone Number	E-	-mail Address	Newsletter	account?	
Primary Contact						Yes No	Yes No	
Contact to receive Statements						Yes No	Yes No	
Contact to receive Quotes and Invoices						Yes No	Yes No	
Other						Yes No	Yes No	
* By subscribing to our Newsletter, you will receive weekly updates with our latest product releases and special offers.								
		e an online account with dealer ccount, please provide your em						
Online Acco	ount E-mail(s)							
3. Acknow	ledgement By Customer							
	The Customer acknowledges and agrees to Scoop's <u>Privacy Policy</u> . The Customer agrees to check our <u>Privacy Policy</u> periodically for changes that may have taken effect from date of posting on our website.							
	he Customer acknowledges and agrees to Scoop's <u>Terms and Conditions</u> . The Customer agrees to check our <u>Terms and Conditions</u> of Sale periodically for nanges that may have taken effect from date of posting on our website.							
	I, the undersigned, certify that and correct.	rsigned, certify that I am duly authorised to sign this form, for and on behalf of the Customer, and that the information contained in this document is true t.						
Full Name			ID					
Signature			Position					
Signed at			Date					
	entation (Please provide if ap	plicable)						
	Company/Trust Registration Documents							
Ŏ	Copies of ID Documents if trading as a Sole Proprietor/Partnership							
Ō	VAT Registration Certificate							