



Manufacturers & Wholesalers to the security industry

Tel 011 392 5540 - Fax 011 392 2182

Cash Account Application

- Company Name: _____
- Owner's Name & Surname _____
- Postal Address _____
- Street Address _____
- Main Business Activities _____
- Vat Registration Number: _____
- Telephone Number _____
- Fax: _____
- Work: _____
- Home: _____
- Cell: _____
- E- mail Address: _____
- I.D Number: _____
- Where did you hear about us?: _____

(Please Attach a copy of I.D or Driver's)

Would you like to be updated on Specials ☐ Yes ☐ No

How would you prefer to be contacted ☐ E-mail ☐ Fax ☐ Sms

I _____do hereby certify that the above details are correct.

Signed: _____

Date: _____

Office use only	
Sales person	Contact Group
Entered by	Account type