



## Reseller Application Form

Business Contact Information	
Company Name (Registered):	
Trading As (if applicable):	
Landline Phone Number::	Company Email:
Company Registration Number:	Vat Number:
Registered Company Address:	
Town:	Postal Code:
Shipping Address (if different to above):	
Town:	Postal Code:
Postal Address:	
Town:	Postal Code:
Business Contacts	
CEO/MD/GM	
Name:	Designation:
Cell Phone Number::	Email:
Sales Department	
Name:	Designation:
Cell Phone Number::	Email:
Accounts Department	
Name:	Designation:
Cell Phone Number::	Email:
Bank Account Information ( optional - this is for refund purposes)	
Bank:	
Account Number:	Account Type:
Branch:	Branch Number:
<i>Please attach a copy of a cancelled cheque or a bank stamped letter</i>	
Signatures	
Customer	
Name & Signature:	Designation:
Kathea	
Name & Signature:	Designation:
<i>Please direct all queries to Jo-Anne Brown, Beverly Mandindo or Megan Randell on (011)844-9900 or info@kathea.co.za</i>	
For Office Use Only	
Business Partner Code:	Business Partner Type: