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- SAFETY SIGNS
- FIRE FIGHTING
- FIRST AID
- POSTERS
- SAFETY GEAR
- SPILL KITS & CLEANING
- LOCK OUT
- ROAD & BARRICADE
- HAZCHEM

RESELLERS APPLICATION FORM

Thank you for your interest in Safety Signs & Equipment and our products.

You will be required to attach a copy of your company registration document in this application under the "Documents Required" section.

If neither your company's website nor your company registration documents can prove your company's compliance to the criteria, please submit your Company Profile as proof. We will not be able to process your application if we cannot confirm compliance to these criteria. We will process your application as quickly as possible, however please note that it may take up to two business days or longer if we cannot confirm compliance to the required criteria from the information and documents provided.

Once your application has been approved, we will send you a confirmation email and provide you with your account number.

Please note that this is not an application for credit facilities, but to confirm your company information and register you as a reseller on our system.

Please complete the application form below and send to your sales consultant or sell@safetysigns.co.za

Fields marked with * are mandatory.

Company Information: _____
 Registered name of business:* _____
 Trading name of business:* _____
 Type of business:* _____
 Company registration no.:* _____
 Is your company VAT registered?* _____
 VAT Number:* _____
 Business Address: _____

Contact Details: _____
 Website url:* _____
 Nature of business:* _____
 Core market focus:* _____
 Business established date:* _____
 Where did you hear about us?:* _____
 Have you spoken to a Safety Signs & Equipment sales representative?:* _____
 Which other trade suppliers are you registered with?* _____

Directors / Partners / Members / Owner Details
 Full name: (1):* _____
 ID no: (1):* _____
 Designation: (1):* _____
 Address: (1):* _____
 Full name: (2) _____
 ID no: (2) _____
 Designation: (2) _____
 Address: (2) _____

Accounts / Buyer / Technical Details
 Accounts contact person:* _____
 Buyer contact person:* _____
 Technical contact person:* _____
 Email address for quotes & invoices:* _____
 Accounts email:* _____
 Buyer email:* _____
 Technical email:* _____

Documents Required

- Cipro / CIPC Certificate
- Copy of ID documents of Director/s
- Copy of canceled check / bank confirmation letter.

Agreement

By submitting this form I hereby confirm that:

The information contained in this form is true and correct.

I am duly authorised to enter into agreements for/on behalf of the applicant.

I have read and understood the distribution terms and conditions of Safety Signs & Equipment and accept them as binding upon the applicant.

I understand that this is a dealer registration only and not a credit application.

AUTHORISED SIGNATORY

NAME AND TITLE OF SIGNATORY

DATE