

RESELLER APPLICATION



Dear Customer

We thank you for your interest in becoming a KDS Direct reseller. Herewith please find our application for credit facilities incorporating our standard terms and conditions of sale and suretyship acceptance.

To avoid any delays, we kindly request that you note the following:

1. Please complete the form in full as all the information requested is critical to processing your application promptly.
2. Kindly initial all pages as indicated (bottom right corner) and sign in full on behalf of "The Applicant" on the last page.
3. The form should only be signed by an authorised representative of your company.

Applications for credit facilities can only be considered upon receipt of a completed and signed application. Note that your application may take five working days to process and that upon completion you will be advised as to the status thereof.

Completed applications should be forwarded to our offices as follows:

reseller@KDSdirect.co.za

We thank you for your interest and look forward to a long and mutually beneficial business relationship.

Yours faithfully

The KDS Direct Reseller Team

RESELLER APPLICATION



THIS APPLICATION FOR CREDIT FACILITIES INCORPORATES STANDARD TERMS AND CONDITIONS OF SALE

We, _____

(hereinafter referred to as "THE APPLICANT") hereby make application for credit facilities for the opening of an account with **KDS Direct (Pty) Ltd**, registration number 2014/096298/07 (hereinafter referred to as "KDS DIRECT". In support of this application, the following information is furnished:

1. Legal entity type (please tick)

Sole Ownership	Partnership	Close Corporation	Private Co (Pty) Ltd	Public Co. (Ltd)	Trust
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2.1 Registered Name of "THE APPLICANT" _____

2.2 Trading name _____

2.3 Company Registration number (if registered) _____

3.1 Postal Address _____
_____ Code _____

3.2 Physical Address of THE APPLICANT in terms of Section B, clause 4 of the Terms and Conditions of Sale

_____ Code _____

3.3 Delivery Address

_____ Code _____

3.4 Vat Number _____

3.5 Telephone Number Area Code () _____

3.6 Telefax Number Area Code () _____

3.7 Cellular Number _____

3.8 Email Address _____

3.9 Name, Address, and Contact number of Landlord _____

3.10 Person responsible for account payment _____

4 Date Business Commenced Trading _____

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- 5.1 Bankers _____
- 5.2 Branch _____
- 5.3 Account Number _____
- 5.4 Branch Code _____
- 5.5 Type of account _____
- 5.6 Date account opened _____
- 5.7 Holding Company name _____
- 5.8 Percentage share holding _____
- 5.9 Name of Auditors / Accounting Officer _____
- 5.10 Auditor Telephone Number: _____
- 5.11 Date of last audited financial statements _____ (please attach hereto)

6. Details of principals (Sole Owner / Partners /Members / Directors/ Trustees)

Full Name	ID Number	Home Address	Home Phone

7. Trade References

Company (Supplier) Name	Telephone Number
	Area Code ()
	Area Code ()
	Area Code ()
	Area Code ()
	Area Code ()

8. The following credit limit request is for assessment purposes only and does not form part of this contract:

- 8.1 Amount of credit required R
- 8.2 Estimated monthly purchases R

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9. In terms of Section 4 (1) (a) (i) of the National Credit Act and Section 5 (2) (b) of the Consumer Protection Act please state:

a. Does THE APPLICANT'S **ASSET VALUE** or **ANNUAL TURNOVER** exceed R 1 million?

YES	NO
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b. Does THE APPLICANT'S **ASSET VALUE** or **ANNUAL TURNOVER** exceed R 2 million?

YES	NO
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10. In terms of the Companies Act 71, of 2008 please state:

a. Is THE APPLICANT currently under Business Rescue?

YES	NO
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b. Does THE APPLICANT intend to apply for Business Rescue within the next three months?

YES	NO
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Signed at _____ on this day of _____

Full Name _____ Signature _____