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## **CAD4Africa reseller application**

Registered Name of Business		
Form of business (Pty, CC)		
Company profile – scope of business		
Registration No.		
VAT number		
Physical address		
Postal address		
Web page		
Director		
Contact person		
Position in company		
Phone number		
Cell phone number		
E-mail		
Bank name		
Branch code		
Account number		
Date account opened		
Current annual revenue		
Planned CAD software revenue		
I	, the undersigned, Identity Number in	my
capacity as	of applicant (Name of Compa	ny)
	hereby warrant that I am duly authorised to make t	this
application and give this information	n on behalf of the applicant.	
THUS DONE AND SIGNED AT	ON THIS	ΣΑΥ
DDINIT NAME	SIGNATURE OF AUTHORISED SIGNATORY	

Please send the completed, signed application form to: <a href="mailto:info@cad4africa.co.za">info@cad4africa.co.za</a>.