



WHOLESALE CUSTOMER APPLICATION FORM

| | |
|-------------------------------|-------|
| Trading name of business | _____ |
| Registered name of business | _____ |
| Incorporated form of business | _____ |
| Reg. Number of incorporation | _____ |
| VAT registration number | _____ |
| Company e-mail address | _____ |
| Contact number | _____ |
| Name of business owner(s) | _____ |
| ID of business owner | _____ |
| Name of buyer(s) | _____ |
| Business activities | _____ |
| | _____ |
| Physical delivery address | _____ |
| | _____ |
| | _____ |

Trade references

| Company Name | Contact person | Contact number | Physical Address |
|--------------|----------------|----------------|------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

By submitting this application, I, the undersigned, certify that all information on this application are accurate and true to the best of my knowledge. In addition, I, the undersigned, acknowledge and understand that the wholesale agreement is strictly offered to customers intended to resell Lumax Lighting products, and Lumax Lighting reserves the right to reject this application or terminate it at any time. This application does NOT grant credit terms. A separate application form is available for this purpose.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Please return this completed form to:

Email: sales@lumax.co.za

Fax: 086 654 3251