



## 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](mailto:sales@lumax.co.za)

Fax: 086 654 3251