



WINDOW SOLUTIONS

INTERIOR WINDOW COVERINGS cc

AGENT APPLICATION

IMPORTANT INFORMATION

REGISTERED OFFICE:

BLINDS-SPOT INTERIOR WINDOW COVERINGS, B1 SPEARHEAD BUSINESS PARK, MONTAGUE DRIVE, MONTAGUE GARDENS, 7441
Tel: (021) 552-0084 Fax: (021) 551-8360 e-mail: accounts@blinds-spot.co.za.
P.O. BOX 26, CENTURY CITY, 7446. Web: www.blinds-spot.co.za

We shall not be able to consider this application, unless fully completed in EVERY respect. This includes our receiving a photocopy of the relevant I.D. document(s) of the relevant director/member/proprietor of Applicant or Applicant him/herself. Incomplete forms are unable to be considered. By completing this form you confirm that you have informed and obtained permission from all directors/members/partners/proprietors allowing Blinds-Spot Interior Window Coverings cc to undertake a full credit check of all directors/members/partners/proprietors.

A . ORGANISATIONAL PROFILE :

1	Full name of Business entity	
2	Trade name of Business	COMPLETE IF APPLICABLE
3	Date Business established	
4	Postal Address	
5	Physical/*Delivery Address	
6	Nature of Business	
7	Contact Person	
8	Telephone	
9	Fax	
10	Cell-phone	
11	E-mail address	

12	Type of Business; e.g. cc / (Pty) Ltd	
13	Business Registration No.	COMPLETE IF APPLICABLE
14	VAT Registration	COMPLETE IF APPLICABLE
15	Website	

B . NAME AND ADDRESSES OF DIRECTORS/MEMBERS/PARTNERS/PROPIETORS :

16	Full Name	
	I.D. Number	
	Physical Home Address	
17	Full Name	
	I.D. Number	
	Physical Home Address	
18	Full Name	
	I.D. Number	
	Physical Home Address	

19	Previous Name of Business		
20	Name of Holding Company		
21	Name of Subsidiary & Associated Companies		
22	Premises	OWNED	RENTED
23	If Rented, Name of Landlord		

C . TRADE REFERENCES (ACTIVE AND CURRENT):

24	Principle Trade Supplier	Contact Person	Contact Number
1.			
2.			
3.			
4.			

D . BANKING DETAILS

25	Name of Bankers	
	Name of Branch	
	Branch Code	
	Account Name	
	Account Number	
	Type of Account	
	Date Opened	
	Person responsible for payments and contact	

E . TERMS OF PAYMENT:

26	Expected monthly purchase	
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I/We _____ in my/our capacity as _____

of the applicant, having been duly authorised hereto, apply for agent states from Blinds-Spot Interior Window Coverings cc on the Terms and Conditions as stated herein. I/We certify that the information given herein is true and correct in all respects and that no material facts have been omitted which may adversely affect this application. Should any material change to the above information take place, subsequent to the signing of this application. I/We undertake to notify Blinds-Spot Interior Window Coverings cc in writing forthwith with the full details of any such change. I agree that by my signature hereto shall bind me into the company's standard terms and conditions of sale of which I acknowledge I am fully acquainted.

I/We undertake to pay Blinds-Spot Interior Window Coverings cc - c.o.d. or within thirty (30) days of statement date, for whichever is applicable.

In the event of legal action having to be instituted against the applicant for the recovery of any amounts due by the applicant arising herefrom, applicant shall be liable for Blinds-Spot Interior Window Coverings cc legal costs on the attorney/own client scale, including collection commission.

27	Signed this day		at	
28	Signature		Name in block letters	

**COMPLETION OF THIS FORM DOES NOT AUTOMATICALLY GRANT THE APPLICANT DEALER STATES.
THIS DECISION RESTS SOLELY WITH BLINDS-SPOT INTERIOR WINDOW COVERINGS cc WHO ARE NOT OBLIGED TO DISCLOSE REASONS FOR NON-ACCEPTANCE. ALL CLIENTS WILL OPERATE ON A C.O.D. BASIS FOR 18 CALANDER MONTHS BEFORE AN ACCOUNT WILL BE CONSIDERED. SUCH ACCOUNTS WILL BE DEPENDANT ON CREDIT GUARANTEE APPROVAL AS WELL AS BANK CREDIT RATING. THEREAFTER ANY DEFAULT IN PAYMENT WILL SUBSEQUENTLY REVERT YOUR ACCOUNT TO C.O.D. STATES.**