



# OTR Trading Resellers Program Application

Thank you for choosing to join the OTR Trading Resellers Program. Please complete the following application and return with a valid and latest copy of your company incorporation document. Please fax the form to 086 762 7550 or scan and e-mail the completed form to info@otrtrading.co.za

## RESELLER PROFILE

Business/Store Name \_\_\_\_\_  
Company Vat No. \_\_\_\_\_

Company Reg. No. \_\_\_\_\_  
 (Pty) Ltd    LTD    CC    Partnership  
 Sole Proprietor    Trust

Physical Address  
Street \_\_\_\_\_  
Suburb \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Code \_\_\_\_\_

Shipping Address    Same as Physical Address  
Street \_\_\_\_\_  
Suburb \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Code \_\_\_\_\_

Contact Details  
Tel \_\_\_\_\_  
Fax \_\_\_\_\_  
email \_\_\_\_\_  
website \_\_\_\_\_

Postal Address  
PO Box \_\_\_\_\_  
Suburb \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Code \_\_\_\_\_

## KEY CONTACTS

Manager \_\_\_\_\_  
Cell \_\_\_\_\_  
Tel \_\_\_\_\_  
email \_\_\_\_\_

Accounts \_\_\_\_\_  
Cell \_\_\_\_\_  
Tel \_\_\_\_\_  
email \_\_\_\_\_

Buyer \_\_\_\_\_  
Cell \_\_\_\_\_  
Tel \_\_\_\_\_  
email \_\_\_\_\_

Other (Specify) \_\_\_\_\_  
Cell \_\_\_\_\_  
Tel \_\_\_\_\_  
email \_\_\_\_\_

## FACILITIES

Retail Store    Fitment Centre    Repairs    Customisation    Supply only  
Other (Specify) \_\_\_\_\_

## APPLICANTS SIGNATURE

Name \_\_\_\_\_  
Position \_\_\_\_\_

Date \_\_\_\_\_  
Sign \_\_\_\_\_