



RESELLER APPLICATION FORM

Fields marked with * are compulsory

Registered name of business *	
Trade name of business (if different)	
Office number (or cellular) *	
Physical address *	
Country *	
Company website URL	
Type of business (form of incorporation)*	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> CC <input type="checkbox"/> (Pty) Ltd <input type="checkbox"/> Ltd <input type="checkbox"/> NGO
Company Registration Number	
VAT Number	
Nature of business *	<input type="checkbox"/> Reseller <input type="checkbox"/> Online Shop <input type="checkbox"/> Retail Shop <input type="checkbox"/> Medical Professional <input type="checkbox"/> Agent <input type="checkbox"/> Other
Short description of business *	
Photizo contact person spoken to	
Email address for quotes & invoices *	
Primary contact person name *	
Primary mobile number *	
Primary email address *	
Accounts name	
Accounts contact number	
Accounts email	
Buyer name	
Buyer contact number	
Buyer email	
Where did you hear about us? *	<input type="checkbox"/> Google <input type="checkbox"/> Internet <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Photizo Sales Team <input type="checkbox"/> Magazine <input type="checkbox"/> Trade Show <input type="checkbox"/> Referral

Please email back to info@photizo.net