



Powerhouse Dictation

Exclusive Importer & Distributor of Quality Audio Visual Solutions



DEALER COD APPLICATION FORM

All new reseller accounts are opened on a strictly COD basis

Kindly include a copy of the Company Registration documents as well as a copy of your VAT Registration document.

Company Name:	_____	Telephone:	_____
Physical Address:	_____	Mobile:	_____
	_____	E-Mail:	_____
Postal Address:	_____	Year Est.:	_____
	_____	No. of Employees:	_____
VAT Number:	_____		_____
Nature of Business:	_____		

CORPORATE OFFICERS / OWNERS

Names of Owners:	_____	Title:	_____	ID:	_____
Names of Owners:	_____	Title:	_____	ID:	_____

BANKING INFORMATION

Name of Bank:	_____	Contact:	_____
Branch name:	_____	Telephone:	_____
Branch code:	_____	Account No:	_____

TRADE REFERENCES

Company:	_____	Contact:	_____
Address:	_____	Telephone:	_____
Company:	_____	Contact:	_____
Address:	_____	Telephone:	_____



Key Employee details:

Name:	E-mail Address:	Sales	Tech	Admin	Accounts

Please note: the information asked for on this form is for the purpose of assessing your viability in becoming a reseller of the product range offered by Powerhouse Dictation Systems. This information will be stored for account administration purposes only and will never be given to third parties or used for unsolicited marketing endeavours.
You can read our full privacy notice on our website www.speech.co.za

Signature: _____

Date: _____

Please e-mail the completed form to **info@speech.co.za**

We will send confirmation once your application form has been processed