



Dealer number:	508928
Application number:	
Sponsor's number:	

Vox Telecom Dealer Application Form

Completed forms must be faxed to or **Email** to 0865640117 Contact us on 087 808 8678

APPLICATION DETAILS			
Type:	Business <input type="checkbox"/> Individual: <input type="checkbox"/>	Date:	
PERSONAL INFORMATION			
First name:		Initials:	
Last name:		ID number:	
Physical address: (which will be used for BERCO deliveries)		Province:	
		Post code:	
		APD Reseller Account No:	
Postal address:		Province:	
		Post code:	
		Phones Required :	
Email address:		Tel number(H):	
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Tel number(W):	
Are you a Vox Telecom customer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Cell number:	
Have you been a dealer before?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Fax number:	
Date of dealer expiry:		Dealer number:	
COMPANY INFORMATION (only applicable to registered business entities)			
Type of company:	Sole proprietor: <input type="checkbox"/> CC: <input type="checkbox"/> Partnership: <input type="checkbox"/> Pty: <input type="checkbox"/> Pty Ltd: <input type="checkbox"/>		
Name of company:			
Industry:		Number of Employees:	
Tax number:		Date established:	
Postal address:		Province:	
		Post code:	
		www.apdcentral.com	
Physical address:		Province:	
		Post code:	
Registration Number		Income Tax Number :	
Email address:			
Tel number:		Tel number(W):	
Is the company a Vox Telecom customer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Cell number:	
Has the company been a dealer before?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Fax number:	
Date of dealer expiry:		Dealer number:	

PAYMENT INFORMATION

PLEASE NOTE: There are three different payments that will occur. Please select your preferential account for each payment type. You must complete both bank account and credit card details in order for this application to be accepted.

First payment Credit card: Bank Account:

Monthly debit order Credit card: Bank Account:

Receive commissions Credit card: Bank Account:

BANKING DETAILS

Account holder:		Name of bank:	
Branch name:		Branch code:	
Account type	Savings: <input type="checkbox"/> Cheque: <input type="checkbox"/> Transmission: <input type="checkbox"/>		
Account number:			

CREDIT CARD DETAILS

Cardholder name:			
CVV no. (on back of card):		Expiry date:	
Type:	Visa: <input type="checkbox"/> Mastercard: <input type="checkbox"/> Diners Club: <input type="checkbox"/> American Express: <input type="checkbox"/>		
Credit card number:			
Credit card signature:			

Client Credit Reference

Credit Ref 1			
With Who		Date Account Started:	
Account No		Contact No	
Contact Detail			
Credit Value :			
Additional Information			
Credit Ref 2			
With Who		Date Account Started:	
Account No		Contact No	
Contact Detail			
Credit Value :			

How Many phones Required & Additional Information

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TERMS AND CONDITIONS

I hereby acknowledge that I have read and understood all of the conduct rules and policies as outlined in the attached terms and conditions and agree and accept that they form part of this agreement. I hereby authorize APD Electronic and Third Party to do a credit ref on your account. I approve APD Electronic Systems as Vox Dealer. I give APD Electronic Systems to order the system on your behalf.

Signed at:		Date:	
Applicant's signature:			

APD Office Use only

APD Electronic Systems Reseller /Client Information

Reseller Acc No:			
Invoice No :		Expiry date:	
Reseller Type :	Web Hosting : <input type="checkbox"/> DSLShop: <input type="checkbox"/> AAPD Vox Tel: <input type="checkbox"/> ISP Services: <input type="checkbox"/>		
VOIP Phone Required			
Loaded on APD CRM Account Systems	Debit Order: <input type="checkbox"/> Mastercard: <input type="checkbox"/> EFT Payment Advance: <input type="checkbox"/> Account Limit : _____		
	System Activated : <input type="checkbox"/> Helpdesk Loaded : <input type="checkbox"/> Help Desk User Name <input type="checkbox"/> _____		
	Billig Completed: <input type="checkbox"/> Account Approve BY : _____		
Additional Information			
Date order Process & Delivery for Vox Phone			