

RENTAL APPLICATION FORM: TOPSHELL GAUTENG (PTY) LTD ("TOPSHELL")

PLEASE NOTE: All invoices are strictly payable in advance.

Nr.59 New Road
Glen Austin AH
Midrand, 1685
Tel: 082 407 0505
E-mail: admin@topshell.co.za



Please note: All panels must be completed in Capital letters
All panels that that does not apply, must be marked with: N/A

Trading Name:

VAT Number: Sole owners: CC: PTY (LTD): LTD:

Parent Co. name:

Accounts address:

Co. Reg. No:
Telephone No 1:
Telephone No 2:
Fax No:

Postal code: E-Mail address:

Office physical address:

Nature of Business:

Date Business Commended:

Banking Details: Bank: Branch Code:
Account number:

Accounts contact & E-Mail address:

Current main suppliers: Name: Contact: Telephone:

Please mark: Proprietors: Directors: Members:
Full names: Residential address: ID Number:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

All transactions between yourselves and Topshell Gauteng shall be subject to the standard Topshell Gauteng Terms and Conditions which appear on the overleaf of each Delivery Note and which is also available on request.

WARRANTY / SURETYSHIP

I, the undersigned, hereby warrant that I am the Proprietor / a Director / a Member of the applicant and that I am duly authorised to sign on behalve of the applicant and have read and agree to the conditions of the Rental Agreement.

Signed onday of the month of, year 20..... at

Full Name: Signature:

Date:

Name of Witness: Signature: