

ASTEK TRADER INFORMATION FORM

PLEASE COMPLETE AND EMAIL TO astekstb@gmail.com OR FAX TO (021) 8711936

Application Date																	
Sales Consultant																	
COMPANY DETAILS:										Company Web Address:							
Company Name									Trading Name:								
VAT No										OR ID NO:							
Physical Address	House No:			Street No & Name:													
	Suburb:							City:									
	Postal Code:					Province:				Country:							
Postal Address:																	
											Postal Code						
CONTACT DETAILS																	
DIRECTOR/OWNER								ACCOUNTS									
Name & Surname								Name & Surname									
Contact Number (<i>landline:</i>								Contact Number (<i>landline:</i>									
Cellular Number								Cellular Number									
Fax Number								Fax Number									
E-mail Address								E-mail Address									
SALES								TECHNICAL									
Name & Surname								Name & Surname									
Contact Number (<i>landline:</i>								Contact Number (<i>landline:</i>									
Cellular Number								Cellular Number									
Fax Number								Fax Number									
E-mail Address								E-mail Address									
TRADE REFERENCES																	
Trade Reference 1								Contact Number									
Trade Reference 2								Contact Number									
PRODUCTS USED																	
GATE MOTORS				TAGREADERS						CCTV				ALARMS			
GARAGE MOTORS				KEYPADS						BIOMETRICS				GSM PRODUCTS			
INTERCOMS				ELECTRONIC LOCKS						ELECTRIC FENCING				REMOTES & RECEIVERS			
WHICH IS THE BEST WAY FOR US TO COMMUNICATE WITH YOU																	
TELEPHONE								FAX						E-MAIL			
MAIL								OTHER						(DETAILS IF OTHER)			

FOR OFFIE USE ONLY:															
Payment Terms												Discount Structure			
Motivation for Discount															
Auth Manager:												Auth Director:			
Client Number:												Date Loaded:			