

**DEALER APPLICATION FORM**

COMPANY NAME	
CONTACT PERSON	
OFFICE TEL NO	
CELL NO	
EMAIL	
VAT NO	
PHYSICAL / DELIVERY ADDRESS	
POSTAL ADDRESS	
HOW LONG IN OPERATION	
CRANE/FORKLIFT FACILITIES	

**Please Note**

**Application does not guarantee approval.**

**You will be contacted by a sales representative who will conclude the application process.**

**Please provide us with all contact information to be reflected on your invoices.**

**Note that information captured after invoice processing cannot be adjusted. This applies to financial year-end stats.**

**Please forward application to respective branch as per the below:**

**GAUTENG: Jhb@proquartz.co.za**  
**KWA-ZULU NATAL: Durban@proquartz.co.za**  
**WESTERN CAPE: Salesct@proquartz.co.za**