**General Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Public Company (pty) Company Close Corporation  Partnership Sole Ownership | | | | | |
| Full Registered Company Name: | Click or tap here to enter text. | | | | |
| Trading As (if not as above) | Click or tap here to enter text. | | | | |
| Registration Number: | Click or tap here to enter text. | | Vat Number | Click or tap here to enter text. | |
| Physical Address:Click or tap here to enter text. | | | Postal Address:Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. Code: | |  | Click or tap here to enter text. Code: | |  |
| Telephone Number: | Click or tap here to enter text. | | Fax Number | Click or tap here to enter text. | |
| Website: | Click or tap here to enter text. | | Email Address: | Click or tap here to enter text. | |

**Directors Details:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Director’s Full Name | Cell Number | Email Address |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Authorized Contact person:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact Person’s Full Name | Cell Number | Email Address |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**About your Business:**

|  |  |  |  |
| --- | --- | --- | --- |
| City or Town Based In | Click or tap here to enter text. | | |
| Max Distance you will travel | Click or tap here to enter text. | | |
| Neighbouring cities/ towns you will be willing to service: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Services Interested in | **Commercial & Residential** | | |
| Mobile Window tinting | Glass Manifestations | Glass Signage |
| Wallpapers | Workshop Window Tint Install |  |
|  | | |
| **Automotive** | | |
| Mobile Window Tinting Install | Paint Protection Application | Vehicle Wraps & Signage |
| Workshop Window Tinting Install |  |  |

**Beneficial SFF services for my Business**:

|  |  |  |
| --- | --- | --- |
| Custom Cut window film Service | Automotive Pre-cuts | Training Programmes |
| Design Studio | Signage Cut and Weeding | Large Format Printing |
| Tools and Accessories | Glass Manifestations | Automotive Dealer Network |
|  |  |  |

**To be completed by owner/partner/director/ member**

I, Click or tap here to enter text. , herby certify that I am duly authorized to sign on above mentioned company and I agree to the terms and conditions set out by SFF

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Name: Click or tap here to enter text. Designation: Click or tap here to enter text.

Company Stamp: