**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: