

BOTLE BUHLE BRANDS

PROSPECTIVE DISTRIBUTOR ACCEPTANCE FORM

The Bottle Buhle Brands Prospective Distributor Acceptance Form is handed to the Manager who has completed Prospective Distributor training. Support Office will update the Prospective Distributors details and sign off the Acceptance Form. Once signed off the Prospective Distributor is formally promoted out to Prospective Distributor level.

A. PROSPECTIVE DISTRIBUTORS DETAIL

FIRST NAME																																				
SURNAME																									DR./MR./MRS./MISS.											
YOU ARE KNOWN AS/NICKNAME																																				
ID NUMBER													DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y															
PASSPORT NUMBER																																				
COUNTRY OF PASSPORT																									EXPIRY DATE											
HOME ADDRESS (WHERE YOU LIVE)																																				
TOWN																																				
SUBURB																																				
PROVINCE																									POSTAL CODE											
HOME TELEPHONE NUMBER													CELL NUMBER																							
FAX NUMBER																																				
EMAIL ADDRESS																																				
SPOUSES FULL NAME																																				
SPOUSES CELL NUMBER																																				

B. BUSINESS ADDRESS AND CONTACT DETAILS

REGISTERED NAME																																				
TRADING AS																																				
	(PTY) LTD		CC		SOLE TRADER																															
VAT REGISTRATION																																				
COMPANY REGISTRATION NR																																				
ADDRESS (WHERE THEY LIVE)																																				
TOWN																																				
SUBURB																																				
PROVINCE																									POSTAL CODE											
HOME TELEPHONE NUMBER													CELL NUMBER																							
FAX NUMBER																																				
EMAIL ADDRESS																																				

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C. CREDIT DETAILS

ACCOUNT 1	
BANK	
ACCOUNT NAME	
ACCOUNT NUMBER	
BRANCH NAME	
BRANCH CODE	
ACCOUNT TYPE	CURRENT
	CHEQUE
ACCOUNT 2	
BANK	
ACCOUNT NAME	
ACCOUNT NUMBER	
BRANCH NAME	
BRANCH CODE	
ACCOUNT TYPE	CURRENT
	CHEQUE

C. DISTRIBUTOR DETAILS

BOTLE BUHLE BRANDS ID	
CELLPHONE NUMBER	
DISTRIBUTION NAME	

D. TERMS AND CONDITIONS

- I hereby confirm that all the information in sections A and B above is true, complete, correct and I understand that any false information will void any and all agreements between myself and [Insert name of Distributor] ("The Distributor"). I understand that the Distributor is selling me goods supplied by Botle Buhle Brands (Pty) Ltd ("Botle Buhle") and that I am an independent reseller of the goods supplied.
- I acknowledge that I am personally liable for any and all amounts which are, or which may in the future become, due to the Distributor. I furthermore acknowledge that any and all amounts that may in the future become due by me to the Distributor shall be paid timeously and in accordance with the instructions provided to me by the Distributor or Botle Buhle from time to time.
- I understand that I will purchase goods from the Distributor on the terms and policies of Botle Buhle.
- I acknowledge that any goods supplied to me by the Distributor for purposes of resale (or any other purpose whatsoever) shall remain the property of the Distributor until the cost of the goods is paid in full to the Distributor. I specifically acknowledge that ownership of the goods shall vest solely with the manager at all times even whilst the goods are in my possession.
- I acknowledge that in the event that I default on a payment in respect of any goods and/or should I fail to timeously return such goods in accordance with the instructions furnished to me by the Distributor, the manager shall be at liberty to institute such legal proceedings as he/ she may deem fit to recover any arrears and/or the goods and I furthermore acknowledge that in such event I will be liable for the legal costs of such proceedings on an attorney and own client scale.
- I acknowledge that in the event of me falling into arrears in respect of payments due to the Distributor, the Distributor shall be at entitled to charge interest on all and any amounts due at the rate of 15.5% per annum and may suspend the supply of goods to me without notice.
- I hereby authorize and consent to the Distributor or Botle Buhle (on the manager's behalf) performing credit checks on me with a credit bureau(s) of its choice pursuant to my signature of this form and on future occasions during the subsistence of my association with the Distributor and/or Botle Buhle, as and when the Distributor and / or Botle Buhle deems it necessary to do so. I understand that a record of any such search will reflect on my credit record and I hold the Distributor and Botle Buhle harmless in this respect.
- Whilst any goods supplied to me by the Distributor are not paid for and still in my or any of my customer's possession, or if I have received any monies from my customers for the sale of goods and such money has not been paid to the Distributor, I accept full and sole responsibility for these goods and the payment thereof.
- I shall at all times abide by all rules, procedures and instructions as issued by the Distributor and/or Botle Buhle from time to time and understand that, notwithstanding clause 10 below, my failure to do so may result in the immediate termination of this agreement.
- Botle Buhle may in its sole discretion terminate this agreement on 30 days' notice to me.

I CONFIRM THE DETAILS ON THIS FORM ARE CORRECT AND TRUE

PROSPECTIVE DISTRIBUTOR'S NAME (PRINT)	PROSPECTIVE DISTRIBUTOR'S SIGNATURE
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DATE	D	D	M	M	Y	Y	Y	Y
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PROSPECTIVE DISTRIBUTOR ACCEPTANCE FORM

E. SIGN OFF BY SUPPORT OFFICE MANAGER

SUPPORT OFFICE NAME (PRINT)										SUPPORT OFFICE SIGNATURE									
DATE		D	D	M	M	Y	Y	Y	Y										

F. SUPPORT OFFICE UPDATE

UPDATED BY NAME (PRINT)										UPDATED BY SIGNATURE																			
DATE		D	D	M	M	Y	Y	Y	Y	CREDIT CHECK NO																			
HAS SUPPORT OFFICE RECIVED :												CERTIFIED ID COPY						FORMS						AFFIDAVIT					