

Wholesale Application Form 2018

WE LOVE OUR STOCKISTS AND ARE ALWAYS HAPPY TO SHARE OUR PRODUCTS WITH NEW SHOPS. KINDLY FILL IN THIS FORM WITH YOUR DETAILS.

APPLICANT INFORMATION				
Business name:				
Registration number:				
Physical address:				
City:		Province:		Postcode:
CONTACT PERSON				
Contact person:		Position:		
Contact number:		Email address:		
BUSINESS ONLINE INFORMATION				
Website:		Facebook:		
Instagram:		Pinterest:		
Twitter:		Other:		
DESCRIPTION OF TYPE OF SHOP				
<i>I authorize the verification of the information provided on this form.</i>				
Signature of applicant:			Date:	

connect with us

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