

**TO BE COMPLETED IN FULL****SAPOR  
GROUP**

Sapor House, 11 Jakkalsbessie Street, Bassonia Ext 1, 2061

Fax Transmission

Co. Reg. No: 2005/025297/07

Tel Number : 011 432 4321

Fax Number : 011 432 5471

P.O. Box 49154, Rosettenville, 2193

e-mail: corey@sapor.co.za

Attention:

Fax No:

Company: Sapor Rentals

Tel nr : 011 432 4321

**Dealer/Distributor/Agent Confirmation**

The applicant below is in the process of applying for a finance facility with our company.  
Please complete the questionnaire for your protection of interests.

Applicant :

Trading Style:

Telephone Number:

Fax Number:

Full Physical Address:

Postal Address:

Contact Person:

**Questionnaire**

Company Name:

Telephone Number:

Fax Number:

Contact Person:

1) Is the above applicant a registered dealer/agent/distributor for your products?

2) How long have they been a dealer/agent/distributor for your products?

3) Which equipment do you supply the applicant with (Brand Name etc.)?

4) How much do they approximately sell per month? (in Rand terms)

5) Are applicants purchases on a cash or account basis?

6) If on account - which terms? (30/60/90 days)

7) Will Sapor pay your company directly or the applicant directly?

8) Who is responsible for the after sales service on the equipment?

9) If the dealer/agent/distributor is responsible for the after sales service, and maintenance is not performed, can we call on your company for the necessary service?

Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the completed form to fax number 011 432 5471