



DigiComs

Telephony & Internet Provider

RESELLER APPLICATION FORM

If you are interested in becoming a DigiComs Reseller please complete and submit the application form by emailing it to resellers@digicoms.co.za . You will be contacted by DigiComs Representative.

Enquiries: info@digicoms.co.za
Email: resellers@digicoms.co.za
Tel: 087 365 6060

Central Office address
88 De Bruyn st
Universitas
Bloemfontein
9301

Garden Route Office address
1st Floor, Liberty Centre
98 Meade St
George
6529

Company information

Trading name of business: _____

Registered name of business: _____

Business Registration number: _____

Vat registration number: _____

Address: _____

Phone number: _____

Fax number: _____

Web site: _____

Description of your Business

Services currently rendering: _____

Main Office location: _____

Additional Office Locations: _____

Region / Area services required : _____



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Details /Directors/Members

Name: _____

Email: _____

Contact Number: _____

Name: _____

Email: _____

Contact Number: _____

Name: _____

Email: _____

Contact Number: _____

Name: _____

Email: _____

Contact Number: _____

Technical Support Manager Name: _____

Technical Support Manager Email: _____ ID no: _____

Number of full-time employees

Total: _____

Sales Reps: _____

Technical Support Staff: _____

Your company prefer which Billing

- Billing on your behalf (Your Brand)
- Billing as DigiComs
- You do your own Billing



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Documents Needed by Us

- Company registration document
- Vat clearance document
- ID of Applicant /All Directors
- Proof of Address for Company

We look forward on doing Business with you and will be in touch shortly

Kind Regards

Your Team

