

N.B. Failure to complete all relevant sections will invalidate this application.

Duxbury Networking Account Manager's Name:

FULL REGISTERED NAME:									
TYPE OF BUSINESS:		LIMITED LIABILITY COMPANY			CLOSED CORPORATION				
		PARTNERSHIP		SOLE OWNER		OTHER			
REGISTRATION NUMBER:									
VAT NUMBER									
REGISTERED ADDRESS:									
						CODE:			
TRADING ADDRESS:									
						CODE:			
POSTAL ADDRESS:									
						CODE:			
TELEPHONE NO:					FAX NO.				
CORE BUSINESS:		Consumer:	Online	Shop Front	Both	Other:			
Please tick appropriate box/s						Please specify			
		Business:		SMB		Corporate/Enterprise		Both	
CORE FOCUS:		Services (Please specify):							
Please tick appropriate box/s									
		Hardware:	Networking		Voice		PC's & Peripherals		
NUMBER OF EMPLOYEES:		1 - 10		11 - 50		51 - 100		< 100	
		Number of Sales People:					Number of Technical People:		
WHEN ESTABLISHED:									
PERSON RESPONSIBLE FOR PAYMENT:									
DIRECTORS / PARTNERS / MEMBERS / OWNER:									
1	NAME:				2	NAME:			
	ADDRESS:					ADDRESS:			
	I.D. NO:					I.D. NO:			
3	NAME:				4	NAME:			
	ADDRESS:					ADDRESS:			
	I.D. NO:					I.D. NO:			
BANKERS:					ACCOUNT NO:				
BRANCH:					BRANCH NO:				
ARE YOUR PREMISES		OWNED		LEASED		RENTED			
LANDLORDS NAME						TEL. NO			
TRADE REFERENCES									
1	NAME					TEL. NO			
2	NAME					TEL. NO			
3	NAME					TEL. NO			
TERMS ARE COD:		YES		NO		OTHER REQUIRED			

