

REFERRAL COMMISSION PAID _____

MERCHANT APPLICATION FORM

	NEW MERCHANT	Changes for directory	
SECTION 1: MEMB	ER CONTACT INFORMATION	ı	
BUSINESS NAME			
OWNER NAME			
ADDRESS 1		MOBILE PHONE	
ADDRESS 2		WORK TEL	
TOWN/CITY		e-mail	
POSTAL CODE		ALTERNATIVE	
TYPE OF BUSINESS		CONTACT	
	Full Membership		DUES (Monthly)
MEMBERSHIP	DESCRIPTION Full Membership	F DETAILS	•
PAYMENT METHOD	Debit Order (R60 Monthly) Direct EFT Payment (R120 Ond PANDO (PTY) Ltd FNB Savings Account, Account nr 62838107812	ce-off, sign up Admin Fee)	
SECTION 3: BUSINES	S AGREEMENT		
	OUNT OR OFFER THE BUSINESS OFF		
WE WILL OFFER PAN	DO CUSTORMERS THE FOLLOWING	;	
	INFORMATION		
SECTION 4: REFERAL			
Where did you hear abo	out PANDO?		