



## APPLICATION FOR A BUSINESS LOGIN

BUSINESS CONTACT INFORMATION			
Business Name:			
Date Business Commenced:		Legal Entity: (please tick)	
Nature of Business:			<input type="checkbox"/> Sole Proprietor
Registered Company Address:			<input type="checkbox"/> Partnership
City:			<input type="checkbox"/> Close Corporation
Code:			<input type="checkbox"/> Private Company
			<input type="checkbox"/> Public Company
			<input type="checkbox"/> Other
BUSINESS AND CREDIT INFORMATION			
Registration Number:			
VAT Registration Number:		Website Address:	
Phone:		Social Media Links:	
Fax:			
E-mail:			

**Supporting Documents:**

- Business Registration Documents
- ID of Directors/Owners
- VAT Registration Documents

This application form and your supporting documents must be emailed to [info@craft-house.co.za](mailto:info@craft-house.co.za)