

ACM Vehicle Tracking Application form

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PLEASE NOTE

If you are a BUSINESS subscriber please fill out sections A,C,D,E,F only

If you are an INDIVIDUAL subscriber please fill out sections B,C,D,E,F only

Consultant / Reseller: _____

A. Business Subscriber Details

Do you have an existing ACM Tracking account? Yes: No: Existing Account Number:
Company: Trading as:
Company Reg No: VAT No:
Type of Business: Public Co: [] (Pty)Ltd: [] Professional Partner / Inc: [] Government: [] Trust: [] NGO: [] Sole Proprietor: []
Company Location: Local: International: Trading as:

Primary Contact person

Name:
Tel:
Fax:
Mobile:
Email:

Installation / Delivery Address:

Principal Place of Business

Address:

Is your Premis Owned: Leased:

Is your postal address the same as your principal place of business:

if not, please provide your postal address: Yes: No:

 Postal Code:

B. Individual Subscriber Details

Do you have an existing ACM Tracking account? Yes: No: Existing Account Number:
Title: First Name: Tel:
Surname: Female: Male: Fax:
ID Type: SA ID document: Passport: Mobile:
ID / Passport Number: Email:

Residential Address:

Period at this address: Years: Months:

Installation / Delivery Address:

Postal Code:

Is your Premises: Owned: Leased:

Is your postal address the same as your principal place of business:

if not, please provide your postal address: Yes: No:

 Postal Code

Business Details:

Company Name:
Employer's Name:
Employer's Telephone:
Occupation:

C. Payment Details

Payment method: Direct debit: [] EFT: [] Debit Date: 25th: [] Last: [] 1st: []
Details for debit order: Bank Account type: Current: Transmission: Savings:
Account Holder: Bank:
Branch name: Branch code:
Account No: Billing contact details:
Contact number:
Authorised account holders signatory: Email:

Office use only

Sales consultant: _____ Signature: _____ SalesContract No: _____ Digit acc No: _____

Attach with Vehicle listing form

Copy of director's / Member's ID Company resolution Copy of VAT registration cert. 3 months bank stats./ recent financials
Business letterhead Proof of name change (if applicable) Order number.

Attach with individual application

Copy of applicants ID _____ 3 Months Bank Statements _____ Proof of Address. _____