



## ***Collision Repair Centre Program***

APPLICATION FOR APPROVAL
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**COMPANY NAME:** \_\_\_\_\_

**COMPANY TRADING NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TOWN / CITY:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE: (CODE):** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**FACSIMILE: (CODE):** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**VAT REGISTRATION NUMBER:** \_\_\_\_\_

**OTHER APPROVALS:** \_\_\_\_\_

**NEAREST TATA DEALER:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**KINDLY RETURN VIA FAX TO AUTOMATRIX ON: 086 519 9323  
OR E-MAIL TO: [neal@automx.co.za](mailto:neal@automx.co.za)**