



Collision Repair Centre Program

APPLICATION FOR APPROVAL

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: _____

KINDLY RETURN VIA FAX TO AUTOMATRIX ON: 086 519 9323
OR E-MAIL TO: neal@automx.co.za