



HYKA Technology (SA) Dealer Application

ACN: 110 474 078 | 24a Hindmarsh Ave, Welland SA 5007

Please complete this form and email it to accounts@hyka.com.au

NOTE: This is a COD account form, for credit accounts please contact accounts@hyka.com.au for T&C

Company Information

Business Name: _____

ABN/ACN: _____ Date Established: _____

Business Address: _____

Suburb: _____ State: _____ Post Code: _____

Mailing Address: _____

Suburb: _____ State: _____ Post Code: _____

Contact Name: _____ Date of Application: _____

Phone: _____ Mobile: _____ Email: _____

Website: _____ Drivers Lic No.: _____

Have previously held an account with HYKA? Yes No Previous trading name

Delivery Options: Pickup HYKA Courier

Preferred Courier Company / Account no: _____

Dispatch confirmation email: _____

Preferred HYKA Sales Person (Please Specify): _____

Alternate Point of Contact Information

Sales: _____ Email: _____ Phone: _____

Purchasing: _____ Email: _____ Phone: _____

Accounts: _____ Email: _____ Phone: _____

General: _____ Email: _____ Phone: _____

Business References

Business Name: _____ Contact Name: _____

Business Name: _____ Contact Name: _____

Office Use Only

Customer Code: _____ Authorised: _____