



CUSTOMER DETAILS REGISTRATION FORM

Submission of these details does not authorise any credit facility being granted

Trading Name: _____

Registered Company Name: _____

Type of Business: _____ Date of Commencement of Business: _____

Registration Number: _____ VAT Registration Number: _____

Postal Address: _____ City: _____ Postal Code: _____

Physical Address: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Cell phone Number: _____ Email Address: _____

Delivery Address: _____

Receiving Hours: _____ AM to _____ PM (_____)

Additional Delivery Details: _____

Details of Directors / Partners / Shareholders / Members

Full Name	Personal Telephone Number (cellular preferable)	Direct email address

Business Premises: OWNED LEASED

Landlord Name: _____ Contact Number: _____

Ordering Contact:

Name: _____ Cell: _____

Email: _____

Does the Purchaser use Purchase Order Numbers: YES NO

Accounts Contact:

Name: _____

Telephone: _____ Email: _____

OFFICE USE:

Customer Account Number	
Customer Category	
Price List	
Sales Rep Code	
Authorised By	