



New Customer Form



Customer Details

Company Name: _____

Trading Name: _____

Type of Company: (Pty) Ltd CC Sole Proprietor Partnership Individual Other

Registration No: _____ VAT No: _____

Physical Address: _____
Code: _____

Postal Address: _____
Code: _____

Telephone No: _____ Website: _____

Owner / Director Information

Full Name: _____

Contact No: _____ E-mail: _____

Date of Birth: _____

Sales / Buying Department Information

Full Name: _____

Contact No: _____ E-mail: _____

Date of Birth: _____

Accounts / Finance Department Information

Full Name: _____

Contact No: _____ E-mail: _____

Date of Birth: _____