

CUSTOMER INFORMATION

CUSTOMER CODE:

PRIVATE CUSTOMER:

SURNAME: _____

FULL NAMES: _____

COMMON NAME: _____

RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

(i.e. Employer's Name & Branch)

IDENTITY NUMBER: _____

VEHICLE REGISTRATION NUMBER: _____

TELEPHONE NUMBERS:

WORK: _____

HOME: _____

CELL.: _____

FAX.: _____

E-MAIL: _____

COMMERCIAL CUSTOMER: (COMPANY)

COMPANY TRADING NAME: _____

CONTACT PERSON: _____

POSITION IN COMPANY: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

DIRECTORS / OWNERS / PARTNERS / MEMBERS:

1. _____

2. _____

3. _____

COMPANY VAT NO.: _____

COMPANY REGISTRATION NO.: _____

WILL ANY OTHER PERSON BE ALLOWED TO HIRE ON THIS PROFILE NAME? YES / NO (Please circle)

IF YES, PLEASE LIST BELOW:

<u>NAME & SURNAME</u>	<u>IDENTITY NUMBER/ DATE OF BIRTH</u>
1	
2	
3	

<u>CONTACT TEL. NO.</u>
1
2
3

CUSTOMER FULL SIGNATURE

PLEASE NOTE: YOU WILL BE FULLY RESPONSIBLE AND LIABLE FOR ALL GOODS HIRED BY OR SERVICES RENDERED TO THE ABOVE LISTED PERSON/S

OFFICE USE ONLY

VAT. Reg. No. / ID Verified: _____

Copy of ID received _____

General Conditions of Hire Signed _____

Address Verified: _____

Vehicle collecting goods from premises: Make: _____

Colour: _____

Reg. No.: _____

Contact Tel. No. Verified _____

Data Captured – Website _____

Data Captured – Contacts _____

CONSULTANT: _____

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