

Customer Information Form

Registered Company Name:	
Trading Name:	
Company Postal Address:	
	Code:
VAT Number:	Company Reg Number:
Office Contact Person:	
Office Tel:	Office Cell:
Main Email: (only one email, user online login)	
Invoice Email:	
Statement Email:	
Order/Quote Email:	
Company <u>Delivery</u> Address:	
Street Name and Number:	
Suburb:	City/ Town:
Province:	Country:
Code:	
Accounts Contact Person:	Accounts Tel:
Owner/Directors Name:	
Owner/Directors Cell Number:	
Owner/Directors Identity Number:	
IDENTITY NUMBER COMPULSORY and PLEASE INCLUDE COPY OF ID	
Short Business Description:	
Trade Reference:	
Relation:	Reference Tel:
Signed at:	on _____ 20__
Full Name:	Signature:
FOR OFFICE USE	ACCOUNT NUMBER ASSIGNED:
Limit: R	Terms:
Sales Representative:	Category:
Price List:	
AUTHORISED:	DATE:
CAPTURED BY:	DATE:

* By registering with Fanél, you allow Fanél to send you advertising and marketing information.

** No personal detail will be shared with any non-authorized 3rd party.