

CASH CUSTOMER APPLICATION FORM

Documents Required for Processing:

Business Registration (If Applicable) & Owner ID

1. DATE OF APPLICATION: _____ CUSTOMER ACCOUNT # _____

2. SALESMAN /SALES REP NAME: _____ SALESMAN ID#: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____

5. PHONE NUMBERS: _____

6. EMAIL ADDRESS: _____

7. TYPE OF BUSINESS: Pharmacies ☐ Supermarket ☐ Mini Mart ☐ Restaurants ☐ Pet Shops ☐
Variety Stores ☐ Hotel ☐ Bar ☐ Bakeries ☐ Other ☐

8. YEARS IN BUSINESS: _____

9. OWNER/S FULL NAME: _____

10. HOME ADDRESS OF OWNER: _____

11. CUSTOMER REFERENCES

(1) _____ PHONE # _____

(2) _____ PHONE # _____

12. ESTIMATED WEEKLY: \$ _____

13. SIGNATURE OF OWNER: _____ DATE: _____

PLEASE NOTE THAT OUR TERMS ARE 'COD' CASH ON DELIVERY

For Internal Use Only:

DEPARTMENT MANAGER: _____ DATED: _____

CUSTOMER APPLICATION APPROVED: YES ☐ NO ☐

TERMS APPROVED: _____ LIMIT APPROVED: _____

CUSTOMER ACCOUNT CREATED BY: _____ DATED: _____

CREDIT CONTROL MANAGER: _____ APPROVAL DATE: _____

CFO/CEO: _____ APPROVAL DATE: _____