

NEW CUSTOMER RECORD (NCR)

1. OWNER'S NAME(S): _____
(BLOCK LETTERS-SURNAME FIRST IF AN INDIVIDUAL)

2. BUSINESS NAME: _____

3. STATUS OF APPLICANT: (TICK AS APPROPRIATE) SOLE PROPRIETORSHIP
 PARTNERSHIP

4. ADDRESS OF APPLICANT:
BUSINESS: _____ PHONE: _____
RESIDENCE: _____ PHONE: _____
E-MAIL: _____ FAX: _____

5. COMPANY'S REGISTERED ADDRESS: _____

6. DATE OF INCORPORATION OR REGISTRATION: _____

7. TYPE OF BUSINESS: S/MKT W/S MM VS PH

8. NAME AND ADDRESS OF DIRECTORS:
1. _____ PHONE: _____
2. _____ PHONE: _____

9. NAME AND ADDRESS OF TWO COMMERCIAL REFERENCES WITH WHOM YOU PRESENTLY TRANSACT BUSINESS:
1. _____ PHONE: _____
2. _____ PHONE: _____

10. APPROXIMATE EXPECTED WEEKLY/MONTHLY PURCHASES: \$ _____

11. SIGNATURE OF APPLICANT: _____

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

FOR OFFICIAL USE ONLY

APPROVED: YES NO

DEPARTMENT MANAGER: _____ DATE: _____

CREDIT CONTROL MANAGER: _____ DATE: _____

C.F.O / DIRECTOR _____ DATE: _____