



Reg No 2011/003628/07
VAT REG: 4370175541

Durban (Head Office)
Tel: 031-5691390 Fax: 031-5691382

Cape Town
Tel: 021 534 0281

Johannesburg
Tel: 011-3972940
Fax: 011-3972920

NEW CUSTOMER INFORMATION

FULL NAME OF BUSINESS: _____

TRADING NAME OF BUSINESS: _____

OWNERS NAME: _____

I.D NUMBER: _____

SOLE PROPRIETARY / PARTNERSHIP / (PTY) LTD / CC / OTHER (please select an option)

INFORMATION CANNOT BE PROCESSED WITHOUT COMPANY DOCUMENTS / ID DOCUMENT

COMPANY/CC NUMBER: _____

VAT REGISTRATION NO: _____

POSTAL ADDRESS/HOME

ADDRESS: _____

DELIVERY ADDRESS: _____

TELEPHONE # : _____ FAX: _____

CELL #: _____

EMAIL: _____

WHERE DID YOU HEAR OF LP AGENCIES : _____

WOULD YOU LIKE TO BE CALLED ON BY A REP: _____

Please note that by completing this form you will be provided with a Cash on Delivery facility. Should you require a 30 day account or other terms you will need to complete our credit application forms.

I confirm that I have read and understood the above

CUSTOMER SIGNATURE: _____

For Office Use:

Accounts Dept pre-approval

Name: _____

Sign: _____

Date: _____

Sales Code: _____

Acc. No: _____

Category Code _____

Approved: _____

Date: _____