



**DURBAN (HEAD OFFICE)**  
Tel: 031 569 1390 | Fax: 031 569 1382

**CAPE TOWN**  
Tel: 021 534 0281

**JOHANNESBURG**  
Tel: 011 397 2940 | Fax: 011 397 2920



Reg No 2011/003628/07 | VAT REG: 4370175541

**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: \_\_\_\_\_ Sales Code: \_\_\_\_\_ Approved: \_\_\_\_\_

Sign: \_\_\_\_\_ Acc. No: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Category Code \_\_\_\_\_