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CUSTOMER TAKE ON FORM

<u>COMPANY DETAILS</u>	
COMPANY NAME	
TRADING NAME	
REGISTRATION NUMBER	
VAT NUMBER	
INCOME TAX NUMBER	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
<u>ACCOUNTS DEPARTMENT</u>	
TEL NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	
POSTAL ADDRESS	
<u>ORDER DEPARTMENT</u>	
TEL NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	
<u>BANKING DETAILS</u>	
ACCOUNT NAME	
BANK	
BRANCH CODE	
ACCOUNT NUMBER	

Completed by : _____
Date : _____