

Client Info Form

Name of outlet: _____

Address: _____

Contact details

Tel: _____ Cell: _____

Email: _____

Person responsible for orders:

Name: _____

Tel: _____ Email: _____

Person responsible for accounts:

Name: _____

Tel: _____ Email: _____

Company VAT no.: _____

Company Reg. No.: _____

Payment method: COD: _____ EFT: _____

Credit limit required: _____

Signed: _____

Name in full: _____

ID no. (attach copy): _____

Copy of liquor licence if applicable: (attach copy)