

CUSTOMER INFORMATION FORM

Registered Name of Company				
Trading under Name				
Registration No. (CC or Company)				
Year in which Company was established				
VAT Registration No. (compulsory if submitting Tax Invoices)				
Physical Address - main place of business (Building, Street, Suburb, City)				
Is this also the Default Delivery Address:				
Notes on deliveries:				
Postal Address (PostNet / PO Box, Area, Code)				
Contact Person 1 (MD, FD, CFO or CEO)	Name		Designation	
	Tel No		Fax	
	E-mail		Cell	
Contact Person 2 (must be in finance responsible for payment)	Name		Designation	
	Tel No		Fax	
	E-mail		Cell	
Procurement Contacts:	Name		Email	
	Name		Email	
	Name		Email	
Contact person to mail Promotions / New Products	Name		Email	
	Name		Email	
Please indicate / circle the committed terms of payment below as per contracts in place:				
Terms committed to pay	7 / 10 / 30	Days from Invoice	Other:	
Please provide the following documents if credit is required: <ol style="list-style-type: none"> 1. Company registration documents (CIPC) 2. ID documents of Directors & Shareholders. 3. Company Tax Clearance Certificate 4. Credit Applications and or Official letter requesting credit facility with Viewnet. This must include the amount and terms required. 5. In the event of State Owned Enterprise or Government department we may require an interview with finance department to ensure correct process for payment is followed. This form must still be completed in order to follow due processes by the SOE or Government department. 6. SOE and Government departments are subject to the General Conditions of Contract in collaboration with Viewnet Standard terms and conditions. 				
Acknowledgement: By signing below, I acknowledge and agree to provide Viewnet with the necessary documentation to enforce good governance and fair business relations.				
Completed By	Print Name			Signature
	Designation			
	Date			