



## CUSTOMER INFORMATION FORM

CUSTOMER DETAILS		
Registered Company Name		
Trading Name (if different)		
Address Line 1		
Address Line 2		
City		
Country		
Postcode		
Business Registration No		
Year of Incorporation		
VAT Number		
Website		
Contact Person 1	Name Position Phone Email	
Contact Person 2	Name Position Phone Email	
Contact Person 3	Name Position Phone Email	

INVOICING DETAILS (IF DIFFERENT FROM ABOVE)		
Company Name		
Address Line 1		
Address Line 2		
City		
Postcode		
VAT Number		
Accounting Contact Person	Name Position Phone Email	

BANKING INFORMATION	
Bank name	
Branch	
Account number	
IBAN	



Payment method	<input type="checkbox"/> Wire transfer <input type="checkbox"/> Check
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WAREHOUSE DETAILS ( <input type="checkbox"/> CHECK IF ADDRESS IS SAME AS INVOICING ADDRESS)	
Warehouse Address Line 1	
Warehouse Address Line 2	
City	
Postcode	
Warehouse Opening Hours	
Warehouse Contact Person	Name Position Phone Email

We hereby confirm that the above information is true and correct

Date:

Stamp / Signature:

FOR INTERNAL USE ONLY	
Documents on request	<input type="checkbox"/> Wholesale Dealer License <input type="checkbox"/> Business Registration <input type="checkbox"/> GDP Certificate <input type="checkbox"/> GMP Certificate <input type="checkbox"/> Other
Business Registration Certificate	Date of Issue: Valid until: Issuing authority:
Wholesale Dealer License	Date of Issue: Valid until: Issuing authority:

I hereby confirm that the customer information has been checked and verified

Date

signature