

CUSTOMER INFORMATION FORM

Send Form Via Email: info@bambini-icecream.com OR WhatsApp: 082-602-3344



Business Information

Full Registered Business Name

Vat Number

Email Address

Registration Number

Contact Number

Delivery Address

Business Type

Postal Code

Buyer Details

Name & Surname

Contact Number

Email Address

Whatsapp Number

Indicate Trading Hours

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Public Holidays

Business Ownership Details

Name & Surname

I.D. Number

Contact Number

Home Address

Home Address

Home Address

Person Responsible for payments

Name & Surname

Contact Number

Email Address

Whatsapp Number

Payment Options

WE ARE A CASHLESS BUSINESS

Tick preferred payment term

EFT Payment to be made within 4 (Four) days of receiving delivery

EFT Payment to be made within 7 (Seven) days of receiving delivery

Signed at _____ on the _____ day of _____

Signature

Witness