

CUSTOMER INFORMATION FORM



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

Business Information

Full Registered Business Name	<input type="text"/>	Vat Number	<input type="text"/>
Email Address	<input type="text"/>	Registration Number	<input type="text"/>
Contact Number	<input type="text"/>		<input type="text"/>
Delivery Address	<input type="text"/>		
	<input type="text"/>		
Business Type	<input type="text"/>	Postal Code	<input type="text"/>

Buyer Details

Name & Surname	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Whatsapp Number	<input type="text"/>

Indicate Trading Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Public Holidays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Ownership

Name & Surname	I.D. Number	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	

Person Responsible for payments

Name & Surname	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Whatsapp Number	<input type="text"/>

WE ARE A CASHLESS BUSINESS

Your first order will need to be paid upfront in order for us to be able to open up your account, & then can be increased to Payment to be made within 4 (Four) days of receiving delivery.

Signed at _____ on the _____ day of _____

Signature

Witness