

# 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**

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

**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 8 (Eight) days of receiving delivery.

**SUPPORTING DOCUMENTS ATTACHED**

OWNERS ID

VAT DETAILS

CK REGISTRATION DOCUMENTS

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

Signature

Witness