



## NEW CUSTOMER RECORD (NCR)

1. OWNER'S NAME(S): \_\_\_\_\_  
(BLOCK LETTERS-SURNAME FIRST IF AN INDIVIDUAL)

2. BUSINESS NAME: \_\_\_\_\_

3. STATUS OF APPLICANT: (TICK AS APPROPRIATE)  SOLE PROPRIETORSHIP  
 PARTNERSHIP

4. ADDRESS OF APPLICANT:  
BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RESIDENCE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

5. COMPANY'S REGISTERED ADDRESS: \_\_\_\_\_

6. DATE OF INCORPORATION OR REGISTRATION: \_\_\_\_\_

7. TYPE OF BUSINESS:  S/MKT  W/S  MM  VS  PH

8. NAME AND ADDRESS OF DIRECTORS:  
1. \_\_\_\_\_ PHONE: \_\_\_\_\_  
2. \_\_\_\_\_ PHONE: \_\_\_\_\_

9. NAME AND ADDRESS OF TWO COMMERCIAL REFERENCES WITH WHOM YOU PRESENTLY TRANSACT BUSINESS:  
1. \_\_\_\_\_ PHONE: \_\_\_\_\_  
2. \_\_\_\_\_ PHONE: \_\_\_\_\_

10. APPROXIMATE EXPECTED WEEKLY/MONTHLY PURCHASES: \$ \_\_\_\_\_

11. SIGNATURE OF APPLICANT: \_\_\_\_\_

**PLEASE NOTE THAT OUR TERMS ARE 'COD' CASH ON DELIVERY**

### FOR OFFICIAL USE ONLY

APPROVED: YES  NO

DEPARTMENT MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CONTROL MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

C.F.O / DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_