

CUSTOMER REGISTRATION FORM

CUSTOMER NO (will be filled by AdvanIDe): _____

AdvanIDe Sales Contact:
(to be completed by AdvanIDe)**COMPANY INFORMATION**

Company Name:			
Billing Address Line 1:			
Billing Address Line 2:			
Postal Code:		City:	
Country:		Website:	
Tel No:		Fax No:	
Business Registration No:		VAT No:	
Legal representatives or authorized signatories:			

Shipping Address: (Only if different from above)			
Shipping Contact Person:		Email:	
Address Line 1:			
Address Line 2:			
Postal Code:		City:	
Country:			
Tel No:		Fax No:	

PURCHASING CONTACT

Contact Name:		Title/Position:	
Tel No:		Fax No:	
E-Mail address:			

ACCOUNTING CONTACT

Contact Name:		Title/Position:	
Tel No:		Fax No:	
E-Mail address:			

Signature: _____ Title / Position: _____

Name: _____ Date: _____

(AdvanIDe internal use only)

	AdvanIDe Staff Name	Signature	Date
Sales Director:			
Finance Department:			