

**CUSTOMER REGISTRATION FORM**

CUSTOMER NO (will be filled by AdvanIDe): \_\_\_\_\_

<b>AdvanIDe Sales Contact:</b> (to be completed by AdvanIDe)
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**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:			

**PRODUCT NOTIFICATION CONTACT**

Contact Name:		Title/Position:	
Tel No:		Fax No:	
E-Mail(s):			

**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:			