



# CUSTOMER DETAILS

Please complete the information below so that we can create a new record or update your existing record.

CUSTOMER DETAILS

<b>Details</b>			
Customer Type	<input type="checkbox"/> Private	<input type="checkbox"/> Business	
Company / Organisation Name			
First Name & Surname			
Telephone			
Fax			
E-mail			
Mobile			
Skype Name			
Reg. No. / ID Number			
VAT. No.			
<b>Address</b>	<b>Physical Address »</b>	<b>Postal Address »</b>	
Address 1			
Address 2			
City			
Postal Code			
<b>Contact Persons</b>	<b>Quotes / Orders »</b>	<b>Accounts »</b>	
First Name			
Last Name			
Direct Telephone			
Mobile Phone			
E-mail			
Skype Name			
Department			
Position			
<b>Acceptance of Electronic Financial Documents</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
This is to confirm that I / we will accept electronic format tax invoices, credit and debit notes which will be transmitted via email. I/ We agree to the following conditions as required by South African Revenue Service and in terms of the provisions of the Value-Added Tax Act No.89 of 1991 (as amended) for the issuing of Tax Invoices, Credit and Debit Notes.			
<b>Marketing – Please complete it will help us!</b>			
Where did you hear about us?	<input type="checkbox"/> Our Website	<input type="checkbox"/> Previous Dealings	<input type="checkbox"/> Google
	<input type="checkbox"/> Our Newsletter	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> _____
Would you like to receive our newsletter?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Confirmation</b>			
This is to confirm that the information supplied, where applicable, is correct & true to the best of my knowledge.			
Authorised Signature		Date	

**PLEASE COMPLETE AND FAX TO 086 674 6280 OR SCAN & E-MAIL TO [training@blsmedical.co.za](mailto:training@blsmedical.co.za).**

<b>For Office Use Only</b>	Customer Record Updated / Created	
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