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Customer Information Take-on Document

Business or Private:		Date:	
Registered Name of Company:			
Registration No:			
Vat No:			
(Please ensure that the above information is corre	ect, as if cannot be an	nended after invoi	ce is processed.)
Postal Address:	Delivery Address:		
	-		
ORDERS:	-		
Telephone No:			
E-mail Address:			
Contact Person:			
Please indicate in the block provided:			
Do you want quotations to be emailed to you on e	very order place?	Yes	No
Do you want processed invoices to be emailed to y	you?	Yes	No
If yes, to email:			
ACCOUNTS:			
Monthly statements and accounting queries to be	communicated via e	mail:	
Email Address:			
Accountant Name:			
Telephone Number:			

Please complete and return this document via fax (011 664 6650) or email to info@monumentcs.net