



TEL: 041 379 5846/47
FAX: 041 379 5847
E-mail: joy@axxess.co.za
niki@axxess.co.za

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY REG NO. or CK NO.: _____

VAT REGISTRATION NO. : _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NO. : _____

FAX NO. : _____

CELL NO. : _____

E-MAIL ADDRESS: _____

OTHER SPECIFIC COMPANY INFO THAT YOU WOULD LIKE TO SEE ON INVOICES, STATEMENTS ETC:

TERMS OF PAYMENT

- C.O.D
- WEEKLY (7 DAYS)
- 30 DAYS FROM STATEMENT

OWNER OF BUSINESS:

NAME: _____

TELEPHONE NO.: _____

E-MAIL ADDRESS: _____

SALES (BUYING) CONTACT PERSON:

NAME: _____

TELEPHONE NO. : _____

E-MAIL ADDRESS: _____

ACCOUNTS DEPARTMENT:

NAME: _____

TELEPHONE NO. : _____

E-MAIL ADDRESS: _____

STATEMENTS TO BE SENT VIA: _____