



CUSTOMER REGISTRATION

DATE:

Company Name: _____

Address: _____

City: _____ Pin code: _____

Branches if any: _____

Contact Person Name: _____

Email id: _____ Tel No: _____

Type of Company : (Large/ Medium/ Small scale / Micro): _____

*If covered by Micro, Small & Medium Enterprises Development Act, 2006 then the registration certificate is required.
If not covered, confirmation from vendor that he is not covered under the act.*

STATUTORY DETAILS:

PAN CARD NO: _____ SERVICE TAX REG NO.: _____

CE REGN NO: _____ RANGE: _____

DIVISION : _____ COMMISSION RATE: _____

VAT REGN NO: _____ CST : _____

STATE: _____ PIN: _____

TYPE OF ASSESSEE (*ie Individual/ HUF/ APO/ BOI/ FIRM/ Pvt. Ltd. Co. / Pub Ltd. Co.*) _____

CREDIT LIMIT FIXED : Rs. _____
(*incase of delivery against advance credit limit should be nil*)

PARAMETER CONSIDERED FOR FIXING CREDIT LIMIT: (Min 5 parameters to be provided)

1. _____
2. _____
3. _____
4. _____
5. _____

PAYMENT TERMS OF CUSTOMER: 100% advance payment either by RTGS or DD

Above mentioned details are true to the best of my knowledge as per information provided by customer

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

Prepared by (Accounts Dept)

Signature: _____

Approved by (CEO)

With the above details we have created Customer Master and Customer No. is _____

Name: _____

Name: _____

Date: _____

Date: _____

Signature: _____

(Created by Accounts Dept.)

Signature: _____

(Verified by Accounts Dept.)