



K SYSTEMS

Customer Information Sheet

Please Type or Print Clearly

*** All Information in this form will be kept in the Strictest Confidence ***

Name of Client or Business: _____

Company Registration Number: _____

Delivery (or Physical) Address: _____

Postal (or Billing) Address: _____

Nature and Type of Business: _____

Contact Person: (Buyer / Purchasing) (Accounts / Payments)

Name: _____

Tel. No. (W): _____

Tel. No. (Fax): _____

Cellular Number: _____

E-mail Address: _____

Do you have an existing account with us? _____ Number? _____

Foils we supply you with? _____

How can we better serve you? _____

Dear K Systems: You can look forward to our business this year! Yes No

Thank You! Please send the completed form to:

Fax: (011) 624-3102 or 086-537-1489

E-mail: gary@ksystems.co.za