



CUSTOMER QUESTIONNAIRE

CUSTOMER DETAILS

Name:

Surname:

Email Address:

ID Number:

Company Name

Company Registration

V.A.T. Number

Telephone Number

Fax Number

Cell Number

THREE TRADE REFERENCES

COMPANY NAME	CONTACT PERSON	TELEPHONE NO.
1.		
2.		
3.		

Terms and Conditions or cash and hiring of Equipment

- Client is responsible for the machine/s and will be held liable for damages/losses whilst in position of the client.
- I/We the undersigned do hereby warrant that all the Information recorded in this application is true and correct and I/We agree that all transactions concluded with the company shall be subject to the terms and conditions specified and agreed to be liable and bound by all such conditions and their terms.
 1. All Equipments are charged for time out not for time used.
 2. Weekends are charged one and half the normal rate.
 3. All Equipments are charged per day, no half days are allowed.

POSTAL ADDRESS	PHYSICAL ADDRESS

FULL NAMES..... Date:

SIGNATURE..... Position: