



CUSTOMER INFORMATION RECORD

REGISTERED NAME:			
REGISTRATION NO. / ID NO.:			
TRADE NAME:			
VAT NO:			
CONTACT PERSON FOR SALES/ACCOUNTS:			
TELEPHONE #	FAX #	E-MAIL ADDRESS	CELL #
POSTAL ADDRESS		DELIVERY ADDRESS	
DETAILS OF OWNERS / PARTNERS / DIRECTORS			
NAME	ADDRESS		ID NUMBER

Specialised Dental Solutions (Pty) Ltd
Registration number: 2014/ 240580 / 07
VAT number: 476 026 9672

PO Box 3266, Matieland, Stellenbosch, 7602, South Africa
27 Saffraanlaan, Die Boord, Stellenbosch, 7600

Director: H Erasmus

T: 021 883 2225 | F: 086 4741 454 | E-mail: info@osstemsas.com



- It is an express understanding that ownership of all goods remains vested in the seller until payment in full of the purchase price and all other charges.
- Payment terms are strictly 7 days from statement date unless other payment terms have been agreed to.
- Customers from outside RSA will be payment before delivery.
- I will advise the seller within 7 days if any of the above details have changed.

By signing I admit authorization as a signatory for the company/ or accept personal liability.

NAME: _____

DESIGNATION: _____

SIGNATURE: _____

PLACE: _____

DATE: _____

Please send completed form to info@osstems.com or fax to 086 4741 454

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