

EURO GLOBAL FOODS & DISTILLERIES LTD
Office : 9-14 OGSHC OTA IDIROKO ROAD
P.M.B. 1042 OTA, OGUN STATE



NO: -----

APPLICATION FOR CUSTOMER REGISTRATION.

Name of Applicant: _____

Business Name (if any): _____

Office/Shop Address: _____

E-mail Address: _____

Telephone/ Mobile Number: _____

Residential Address: _____

Next of Kin: _____

Guarantor: _____

Contact Address: _____

Warehouse/Stores (Yes/No): _____

Banker's Name & account name: _____

Do you have any distributor Van? (Yes/No): if Yes, what is the capacity: _____

I / we undertake to abide with all the rules and terms of the Company under which the facility would be approved.

Applicant's Name

Sign/Date:

REP Name

Sign /Date:

RSM Name

Sign /Date:

Sales Director's Approval :

Financial Controller's Approval :

Managing Director's Approval :

Signature / Date.

1 cust code: _____

5 ASM: _____

2 Region: _____

6 RSM _____

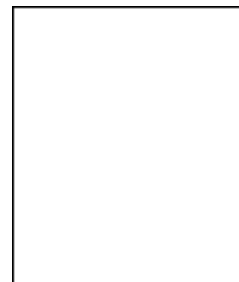
3 Location: _____

7 SD/GM: _____

4 Sales Rep: _____

EURO GLOBAL FOODS & DISTILLERIES LTD

CUSTOMER'S IDENTITY CARD



1. BUSINESS NAME: _____

2. OWNER'S NAME: _____

3. FULL ADDRESS OF THE PLACE OF BUSINESS: _____

4. CONTACT PHONE NO.: _____

5. BANK NAME: _____

6. BANK ACCOUNT NUMBER: _____

7. TYPE OF BANK ACCOUNT: _____

SIGNATURE

UNDERTAKING

I, (Mr./Mrs./Chief)
of....., located at the following
address,
undertake not to give goods on credit to any Sales Executive of **Industrial Goods Distribution
& Supply Co. Ltd** and shall be solely held responsible if I decide to do otherwise.

Signed:

Name:

Address:

Signature:

Phone No:

NB: Please make a photocopy of the duly completed undertaking and send the original to the **Managing
Director** (Industrial Goods Distribution & Supplies Company Limited, Plot 9-14, OSHC Industrial Estates,
Estate Bus Stop, Idiroko Road, Ota, Ogun State. Nigeria.