Muvus Ltd Customer Registration Form



Customer Information

1.	Company Name :
2.	Branch Name (if applicable) :
	Company address :
4.	Contact Person :
	Billing Address :
	Delivery Address (if different) :
	Phone Number:
8.	Email Address :
9.	Website (if applicable) :
10.	VAT Number :
11.	Nature of Business:
	Number of Years in Business :
	Purchase Information
11	D. whom O. day (DO) N. whom Day Constant
11.	Purchase Order (PO) Number Requirement:
	• 1es
	• No
12.	Payment Terms:
	Prepayment
	Net 15 Days
	• Other (Specify):
13.	Preferred Payment Method:
	Credit Card
	Electronic Funds Transfer (EFT)
	• Other (Specify):
	Accounts Payable Information
14.	Accounts Payable Contact Name :

15. Accounts Payable Email Address :
16. Accounts Payable Phone Number:
17. Invoice Delivery Preference :
• Email
• Mail
• Other (Specify):
18. Frequency of Invoice Receipt:
• Weekly
Monthly
• Other (Specify):
19. Additional Accounts Payable Notes or Instructions
<u>:</u>
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Authorization and Agreement:
20. I agree to the terms and conditions of Muvus Ltd:
• Yes
• No
21. Additional Comments or Special Requests:
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Declaration: I hereby declare that the information provided in this registration form is true and accurate to the best of my knowledge. I understand and agree to comply with the terms and conditions of Muvus Ltd.
GDPR Compliance: By submitting this registration form, you acknowledge and agree that your personal data provided in this form will be processed in accordance
with the General Data Protection Regulation (GDPR). Your information will only be
used for the purpose of managing your account and providing the products or
services you requested.
Name & Surname :
Signature :
Position in company :
. Joseph III Company
(Date)//202