

REQUISITION FORM FOR NEW CUSTOMER ACCOUNT CREATION

Kindly provide us with the following details in order.

|  |  |
| --- | --- |
| **School/Customer Code:** |   |
|  |   |
|  |   |
|  |  |
| **School Name /** |
| **Customer Name:** |
|  |   |
|  |   |
| **Regional Office:** |
|   |   |
|  |  Other |
| **Authorisation Status:** |
|  |   |
|  |   |
| **Currency:** |
|  |   |
|  |  Other |
| **Programme:** |
|  |   |
|  |   |
| **Contact name:** |   |
|  |
|  |  Billing Contact |
| **Contact Position:** |
|  |   |
|  |   |
| **Address:** |
|  |   |
|  |   |
|  |   |
| **Telephone Number:** |   |
|  |   |
|  |   |
| **Fax Number:** |
|  |   |
|  |   |
| **E-mail address:** |
|  |   |
|  |   |
| **School /**  |   |
| **Customer Tax details (VAT/GST/Sales Tax ID):** |   |
|  |   |
|  |   |
| **Prepared by**  |
|  |   |
|  |   |
| **Authorised by** |
|   |   |