

**ORDER FORM**

Date: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Certificate of Incorporation No: \_\_\_\_\_

PIN No: \_\_\_\_\_

VAT No: \_\_\_\_\_

\_\_\_\_\_

**LIST OF AUTHORIZED SIGNATORIES**

1. Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

**TYPE OF BUSINESS:** Auto Location

Auto Trace

Auto Fleet

Leasing

**EMERGENCY CONTACT PERSONS**

1. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship/Designation: \_\_\_\_\_

2. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship/Designation: \_\_\_\_\_

**VEHICLE DETAILS (Enclose Copy of Log Book)**

1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Registration: \_\_\_\_\_

Colour: \_\_\_\_\_

Use of Vehicle: \_\_\_\_\_

2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Registration: \_\_\_\_\_

Colour: \_\_\_\_\_

Use of Vehicle: \_\_\_\_\_

3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Registration: \_\_\_\_\_

Colour: \_\_\_\_\_

Use of Vehicle: \_\_\_\_\_

**MEANS OF PAYMENT:** \_\_\_\_\_

Unit Cost: \_\_\_\_\_

Service Charge: \_\_\_\_\_

**PAYMENT FREQUENCY:** Quarterly

Semi-Annually

Annually

Other: \_\_\_\_\_

**CLIENT SIGN & STAMP:**

**SALES PERSON:**

**FOR OFFICIAL USE ONLY**

Authorized Signature of Section Manager: