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| Picture, Picture, Picture  |

 |   |   | **New Customer Form** |  |
| Thank you for choosing Macan. |
| Please complete the following form with your details and return it to your customer services representative. |
|  |
|   |   |   |   |   |   |   |   |   |   |  |
|   | Legal Entity Name |  |   |   |   | Preferred Communication (email / phone) |  |   |  |
|   | Company Type |  |   |   |   | Preferred Billing Currency |  |   |  |
|   | **Contact Details** |  |   |   | **Billing Details** |  |  |  |
|   | Contact Name |  |   |   |   | Contact Name |  |  |   |  |
|   | Contact Tel No |  |   |   |   | Contact Tel No |  |  |   |  |
|   | Contact Email |  |   |   |   | Contact Email |  |  |   |  |
|   | Address Line 1 |  |   |   |   | Address Line 1 |  |  |   |  |
|   | City |  |   |   |   | City |  |  |   |  |
|   | State/County |  |   |   |   | State/County |  |  |   |  |
|   | Postal Code |  |   |   |   | Postal Code |  |  |   |  |
|   | Country |  |   |   |   | Country |  |  |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   | VAT Number |  |   |   |   | Purchase Order Required | Yes / No |   |  |
|   | Taxpayer ID (if applicable) |  |   |   |   | Payment Type |  |   |  |
|   | Company Registration No (MBS) |  |   |   |   |  |  |  |   |  |
|   | Industry |  |   |   |   | Bank Account / IBAN |  |   |  |
|   |   |   |   |   |   |   |   |   |   |  |
|   | Additional Information /Instructions |  |  |  |  |  |  |   |  |
|   |   |   |   |   |   |   |   |  |   |  |
|   | **If you do not have a VAT Number or Company Registration Number, then we must receive confirmation of this by email** |   |  |
|   |   |   |   |   |   |   |   |   |   |  |