|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | --- | | 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** | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |