

Coolsnax

YOUR ONE STOP BEVERAGE + SNACK SOLUTION

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COOL SNAX - CUSTOMER DETAILS FORM:

1) NAME OF OUTLET:

2) ADDRESS:

3) CONTACT DETAILS:

TEL:

FAX:

E-MAIL:

ORDERS:

ACCOUNTS:

4) VATNO:

5) PAYMENT METHOD:

CASH _____ EFT _____ CHQ _____

SIGNED:

NAME IN FULL:

IDNO: (ATTACH COPY)
