



ON-ACCOUT DELIVERY REGISTRATION FORM

BUSINESS DETAILS:

Name of Company:

Nature of Business:

CONTACT DETAILS:

Postal Address:

Telephone No: Email:.....

Contact Person(s): 1. Mobile:

2. Mobile:

PICK-UP/DELIVERY INSTRUCTIONS:

Type of Service Requested:

Pick-up Days: Time:

Days to Delivery: Time:

Drop off Location:

Special Pick-up &/ Delivery Instructions:

.....
.....
.....
.....
.....

Authorized by:

Name:

Signature:

Designation:

Date: