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☒ 363, Sanlamhof, 7532

Storage Information Sheet

Client:

Next of Kin:

Titel _____ Initials _____
Surname _____
ID Nr _____
Tel _____
Cell _____
Postal Address _____

Titel _____ Initials _____
Surname _____
Relation _____
Tel _____
Cell _____
Postal Address _____

Account Details:

Private Yes/No
Method of Payment Cheque Yes/No
Stop Order Yes/No
Direct Bank Deposit Yes/No
Other (Specify) _____

Company Yes/No
Company Name _____
Order Number _____
Contact Person _____
Tel _____ Cell _____
Postal Address _____

Client Signature _____ Date _____

Office use only:
Pallet Number: _____
Date into Store: _____
Received by: _____