JP TRAILER HIRE

CUSTOMER APPLICATION FORM

SURNAME:

INITIALS:

TITLE:

FIRST NAME:

ADDRESS:

ID NUMBER:

DRIVING CODE:

B = 750 GVM ABOVE 750 GVM = EB+

CELLULAR NUMBER:

SECOND CELLULAR NUMBER:

COMPANY NAME:

VAT NUMBER:

VEHICLE REGISTRATION NUMBER:

EMAIL:

I HEREBY DECLARE THAT ALL THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND TRUE.

(SIGN)

DATE:

D D / M M / Y Y Y Y