CUSTOMER REGISTRATION FORM

Customer Information

| Company Name | | | | | |
|--|--------------|----------------------|--|--|--|
| Registered Address | | | | | |
| State | | | | | |
| Country | | | | | |
| Parent Company | | | | | |
| Owner | | | | | |
| Phone NO. | | | | | |
| E-mail Address | | | | | |
| VAT Identification No. | | | | | |
| No. of Employees | | | | | |
| Company Registration No. | | | | | |
| Corporation Pa | artnership 🗌 | Individual Ownership | | | |
| Other | | | | | |
| If this company is a Partnership or under Individual Ownership, please complete the following: | | | | | |
| Name of Partners or Owner | | | | | |
| Address | | | | | |
| Telephone Number | | | | | |

Business Information

| Reseller Dea | aler 🔝 Integrator 🖂 | | | | | | |
|--|----------------------------|---|--|--|--|--|--|
| Other | | | | | | | |
| Date Business Started/was incorporated | | | | | | | |
| Annual Sales | | Do you Own or Lease the Business Property | | | | | |
| Estimated monthly | purchases with RAPID VI | GIL SECURITY | | | | | |
| List below other pr | oducts that your company | currently sells: | | | | | |
| | | | | | | | |
| Bank Information | | | | | | | |
| Name of Bank | | | | | | | |
| Address | | | | | | | |
| Sort/Swift Code | | | | | | | |
| Account No. | | Account Type | | | | | |
| Contact Person | | Position | | | | | |
| | Please list two (2) recent | trade references: | | | | | |
| (1) | | | | | | | |
| Company | Con | tact | | | | | |
| Address | | | | | | | |
| Phone No. | e-n | nail | | | | | |
| (2) | | | | | | | |
| Company | e-n | nail | | | | | |
| Address | | | | | | | |
| Phone No. | Fax | No. | | | | | |

Note: Please attach a recent Company Bank Statement if you require credit approval.

Additional Information

To expedite the processing and despatch of your orders, please fill out the following information.

| Ship to destination address: | | | | | |
|---|-------------|----------------------|-------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Freight Forwarder Information: | | | | | |
| | | | | | |
| | | | | | |
| Account No. | | | | | |
| | | | | | |
| | <u>Auth</u> | norization and Signa | ature | | |
| The undersigned does hereby witnesses and confirm that all information stated on this application is true and accurate to the best of his/her knowledge and that he/she is a Managing Director , Managing Partner , Officer of the company or otherwise legally authorized to bind, and hereby binds, the organization to the Agreement on whose behalf this Application is being submitted. | | | | | |
| By (Authorized Signature): | | | Date: | | |
| Please print name of person signing the above: | | | | | |
| Title: | | | | | |
| For internal (RAPID VIGIL SECURITY) use only: | | | | | |
| Authorized by: | | | | | |
| | | Print Name | | | |