

**SUPPPLIERS OF ALL TYPES OF SPICES & HERBS**

**P.O.BOX 7077-00600 NAIROBI KENYA**

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**CUSTOMER ACCOUNT FORM**

**NEW** **EXISTING**

**COMPANY NAME (CUSTOMER): …………………………………………………………………………………….**

**CONTACT PERSON NAME:……………………………………………………………………………………………**

**PHYSICAL LOCATION: ………………………………………………………………………………………………..**

**MAILING ADDRESS: ……………………………………………………………………………………………………**

**TELEPHONE/MOBILE NUMBER: …………………………………………………………………………………….**

**MAIN E-MAIL ADDRESS: ………………………………………………………………………………………………**

**COMPANY PIN CERTIFICATE NO:…………………………………………………………………………………………**

**MANAGER’S SIGNATURE:……………………………………………………………………………………………...**

**DATE:………………………………………………………………………………………………….**

**JUMBO SALES REP:………………………………………………………………………………………………**

**NOTE:** FOR NEW CUSTOMERS PLEASE PROVIDE COPY OF THE FOLLOWING DOCUMENT: certificate of registration , company pin certificate, company VAT number & owner’s ID

**FOR JUMBO USE ONLY:**

**CREDIT TERMS:……………………………………………………………………………**

**CREDIT LIMIT:…………………………………………………………………………….**

**APPROVED BY:…………………………………………………………………………….**

**DATE OF APPROVAL:…………………………………………………………………….**