Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New SAP Customer Entry Form

**Please complete this Word file and return it still as a Word file.**

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_

1. Open Customer in Group: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Israeli / Foreign)

Customer / Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Number (required!): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide 9 numbers)

Commercial License # (required!): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide 9 numbers)

Address:

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailbox #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: Israel / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for foreign customers)

 Currency:

Phone # (including prefix)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax (required!): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail (required!):

1. Contact Person

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment terms: **net +30** / immediate