



Date: _____

New SAP Customer Entry Form

To: Eli Mor (via e-mail) – meli@trdf.technion.ac.il
Telephone: 04-829-4835; Fax: 04-829-5847

From: _____ Telephone: _____ Fax: _____

1. Open Customer in Group: 0070 (Israeli / Foreign)

Customer / Company Name: _____

Company Number (required!): _____ (provide 9 numbers)

Commercial License # (required!): _____ (provide 9 numbers)

Address:

Street: _____

Mailbox #: _____

City: _____

Postal Code: _____

Country: Israel / _____ (for foreign customers)

Phone # (including prefix): _____

Cellphone number: _____

Fax (required!): _____

E-mail (required!): _____

2. Contact Person

Name: _____

Payment terms: net +30 / immediate