

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!):

2. Contact Person

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

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