



P.O Box 34206-80100  
 Mombasa - Kenya.  
 Off Mombasa Malindi Highway  
 Kikambala  
 Tel 0703166166/0736166166  
 www.salwakenya.co.ke

# ACCOUNT OPENING FORM

<b>Customer/Vendor details</b>		
Company name:		
Company registration number:		
Company website address:		
Company PIN number:	Years Trading:	
Registered office:		
Company trading address (if different from above):		
Company billing address (if different from above):		
Main Contact:	Name:	
	Telephone number:	
	Mobile number:	
	Email address:	
Billing contact: (if different from above):	Name:	
	Telephone number:	
	Mobile number:	
	Email address:	

Do you require order numbers to be quoted on invoices?			
Credit limit being applied for:	Yes / No	Amount:	
Trade Reference 1:	Company Name:		
	Years trading with this company:		
	Contract Name and Position:		
	Telephone Number:		
Trade Reference 2:	Company Name:		
	Years trading with this company:		
	Contract Name and Position:		
	Telephone Number:		
Directors contacts:			
:			

I/We confirm that the information given in this form is in as respects true and accurate.

I/We confirm that I/We have read and understood your terms and conditions of sale/business and I/We unconditionally accept that those terms apply to all sales contracts which I/We may conclude with you.

Signature:		Date:	
Print name:		Position in	

**Checked and approved by:**

Signature:		Date:	
Name:		Position in	

Please use [partnerforms@salwakenya.co.ke](mailto:partnerforms@salwakenya.co.ke) attaching filled and scanned copy of this form together with copies of Company Registration certificate, Company PIN Certificate, CR12 and Director's PIN/ID.