



Cloud Flavour Labs

Thank you for taking the time to complete this registration form.

|  |  |
|--|--|
| Company/ Personal Name                     |  |
| VAT Number (if applicable)                 |  |
| Contact Person                             |  |
| Shipping Address - (Unit Number & Complex) |  |
| (Street Name & Number)                     |  |
| (Suburb)                                   |  |
| (Province)                                 |  |
| (Country)                                  |  |
| (Area Code)                                |  |
| Billing Address - (Unit Number & Complex)  |  |
| (Street Name & Number)                     |  |
| (Suburb)                                   |  |
| (Province)                                 |  |
| (Country)                                  |  |
| (Area Code)                                |  |
| Primary Contact Number                     |  |
| Secondary Contact Number                   |  |
| Email Address                              |  |

- Orders can only be accepted after we have received your completed form.
- Please supply all required information

I, the undersigned applicant hereby declares the above information to be correct and hold myself liable for payment of goods purchased.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date