ARBRO
PHARMACEUTICALS LIMITED
(Analytical Division)
CUSTOMER REGISTRATION FORM

*Company Name:	

*Address:	

*Phone 1:		*Mobile:	
Phone 2:		Fax:	
*E Mail:		Web Site:	

For: Reports (Technical): -

Name:		Designation:	
Phone 1:		Mobile:	
Phone 2:		Fax:	
E Mail:		CRM:	

For: Accounts:-

Name:		Designation:	
Phone 1:		Mobile:	
Phone 2:		Fax:	
E Mail:		Contact No. (CRM):	

☐ Check If Billing Address & Sample Collection Address is same
(If "No" Please fill the details mention below)
For: Accounts (Billing Purpose) : -

Company Name:			
Name:		Designation:	
Address			
Phone :	Mobile:		Fax:
E Mail:			

For Payment Information

*Payment Type:	Cheque	☐ Demand Draft	Other	☐	☐
*TDS Deduction	Yes	☐ NO	☐		
(If Yes Please fill the details mention below)					
*PAN NO:					
*TAN NO:					
*Percentage of TDS:					

*Customer ID NO:

Authorized Name & Signature: Seal & Signature

Date:

FOR OFFICE USE ONLY

Account Manager: **Name:**	**E.mail I.D.:** **Contact No.**
Area Manager: **Name:**	**E.mail I.D.:** **Contact No.**
Customer coordinator: **Name:**	**E.mail I.D.:** **Contact No.**
Technical Manager : **Name:**	**E.mail I.D.:** **Contact No.**
Level 2 Technical Support : **Name:**	**E.mail I.D.:** **Contact No.**
Quotation No.:	
ARC (Contract)No.:	
Industry Type:	
Any other information:	

Verified By: -

Name, Signature, Date:

Telephone ☐   **Fax** ☐   **Visit** ☐   **E.mail** ☐

Approved By: -

Name:	**Designation:**
Phone 1:	**Mobile:**
Phone 2:	**Fax:**
E Mail:	**CRM:**

Enclosed:

Contract:
Quotation:
Performa Invoice:
Any Other:

Seal & Date