DONALD
NXUMALO™
INTERIOR DESIGN

14 Kramer Road, Kramerville. Johannesburg. South Africa
store@donaldnxumalo.com | www.donaldnxumalo.com
+27 11 262 2097

PRIMARY CONTACT PLEASE COMPLETE IN FULL AND INDICATE WHERE NOT APPLICABLE

SURNAME:

FIRST NAMES:

TELEPHONE WORK: HOME:

FAX: CELL:

EMAIL:

HOME ADDRESS:

POSTAL CODE

POSTAL ADDRESS:

INVOICES TO BE MADE OUT TO:

Should we phone before faxing correspondence: Yes No Please Tick

IF THERE IS A SPECIFIC NAME YOU WOULD LIKE TO CALL THE PROJECT PLEASE WRITE IT IN THE SPACE BELOW. ALTERNATIVELY, IF YOU ARE HAPPY FOR US TO NAME THE PROJECT, SIMPLY LEAVE THE SPACE BLANK.

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SPOUSE / PARTNER

SURNAME:

FIRST NAMES

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I hereby acknowledge that I have read the terms and conditions. I understand and agree to the content herein.

SIGNED DATE / / _____