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MaltaPost 
eSeller
NEW CLIENT
FORM

MAR/017-REV 1

CUSTOMER DETAILS:

LOGIN E-MAIL ADDRESS:	CONTACT NAME:
CONTACT SURNAME:	CONTACT ID CARD/ PASSPORT NUMBER:
COMPANY NAME:	COMPANY REG NO:
VAT NO:	COMPANY WEBSITE:
MOBILE NUMBER:	LANDLINE NUMBER:

PICK UP ADDRESSES:

ENTITY NAME:
DISPATCH ADDRESS:

RATES:

LOCAL DELIVERY:
PICK UP (FOREIGN ITEMS):

I declare that no dangerous & prohibited items will be dispatched.

SIGNATURE:

FROM WHERE DID YOU HEAR ABOUT ESELLER? (TICK THOSE APPLICABLE)

I RECEIVED A LEAFLET		FACEBOOK		LINKEDIN		NEWSPAPER/MAGAZINE	
FRIEND/FAMILY		INFORMATION I FOUND AT THE POST OFFICE		OTHER (PLEASE SPECIFY):			

TO BE FILLED BY MALTAPOST REPRESENTATIVE:

BILLING DETAILS:

BILLING ENTITY NAME:	BILLING ADDRESS:
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LOCAL DELIVERY:

SERVICES ELIGIBILITY: (PLEASE SPECIFY THE SERVICES TO BE USED)
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