



<b>CUSTOMER APPLICATION FORM</b>	JER-Form I	Date	
	To be faxed or hand delivered to JENGAN EST. CES Division		
Please fill out as many fields as possible (Fields with * mark are mandatory and must be filled)			

<b>CONTACT INFORMATION</b>		
*Company/ Person Name		
*Address	P.O. Box	
	City	
	Tel.	
	Fax.	
	E-mail	
*Contact Person name		
Contact Person title		
*Contact Person mobile		

<b>RENTAL INFORMATION</b>		
*Required KVA		
*Application type		
* Generator type	<input type="checkbox"/> Standard open type	<input type="checkbox"/> Sound Canopy
	<input type="checkbox"/> Trailer Mounted	<input type="checkbox"/> Other
*Date required		
Time required		
*Period of hire		
*Daily Running Hrs		

<b>SITE INFORMATION</b>		
* Site Representative (Name)		
Title		
*Tel		Fax
*Mobile		E-mail

<b>FINANCIAL INFORMATION</b>		
* Contact Person (Name)		
Title		
*Tel		Fax
*Mobile		E-mail
Payment terms		