Trident House, 35 Second Street Newport West, Kingston 13 Tel: 876 923-5830

Fax: 876 757-7313





Internet Purchases and Courier Application Form

Type of accou	nt: Commercial	Personal	Sales Agent	
Name of Applicant:			Date of Birth	
Company:				
Address of Ap	plicant:			
Email address	:			
Enter contact	numbers as below:			
Office:		Home:		
Mobile: Digice	el	_ LIME	Claro	
Enter the name of one other person that is authorized to use your account:				
Delivery Option				
Deliver to :				
Hold at: Ne	wport West Office:		Freeport office:	
Insurance:				
All vaMiniiThe c	oods with value not exceed alues in excess of U\$50.00 mum insurance U\$5.00 company's liability is limited we my rights to insurance of	will automatically be in	sured at 1% of the value of the goods.	
Signature		Date	:	
Office Use Only	,			
ID no:		ID Type:		
TRN:				
Customer num	ber:			

