



## Smile Membership Application

### Customer Details

Full Name : .....

Occupation : .....

Residential Address : .....

.....

Office Address : .....

.....

Mobile Number : .....

Residential Phone Number : .....

Office Phone Number : .....

Email : .....

### Vehicle Details

Make : .....

Model : .....

Year : .....

Engine Number : .....

Chassis Number : .....

Registration Number : .....

#### Extras

Bodykits

Spoiler

Fog Lights

Stereo

Customer Signature.....

Date.....

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### For office use only

Approved By : .....

Membership No : .....

Membership fee : .....

Canvassed By : .....

Recommended By : .....

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### Customer Copy

Membership No : .....

Membership Fee : .....

Authorised Signature : .....

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