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V5

NEW CUSTOMER DETAILS

To be completed by all new customers before order is placed.

Date: _____

1. Trading Name: (If Sole trader or Partnership, state full name(s) of Proprietor/Partners)

2. ABN:

3. You are a: (please tick box that applies)

Sole Trader

Partnership (firm)

Company

Other (please state)

4. Business Address:

5. Postal Address:

Telephone: _____

Accounts Email: _____

5. Credit amount required: \$ _____

Terms of Trade: 14 days from date of invoice (unless otherwise agreed)

Signature: _____

Print Name: _____

Position Held: _____