Please read our Terms and Conditions of Trade before completing this form

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Client Details | | | |
| **Legal Name:** | (ABN/ACN      ) | | |
| **Trading Name:** |  | | |
| **Type of Business:** | Sole Trader  Partnership  Private Company  Unit Trust | | |
|  | Family Trust  Partnership of Trusts  Public Company  Unknown / Other | | |
| **Street Address:** |  | | |
| **Postal Address:** | As above | | |
| **Mobile:** |  | **Email:** |  |
|  | | | |
| 1. Director / Partner Details (complete this part only if your business is a company or partnership) | | | |
| **Name 1:** |  | | |
| **Private Address:** |  | | |
| **Mobile:** |  | **Email:** |  |
| **Name 2:** |  | | |
| **Private Address:** |  | | |
| **Mobile:** |  | **Email:** |  |
| **Name 3:** |  | | |
| **Private Address:** |  | | |
| **Mobile:** |  | **Email:** |  |
|  | | | |
| 1. Designated Billing Contact | | | |
| **Name:** |  | | |
| **Address:** |  | | |
| **Phone (BH):** |  | **Email:** |  |
|  | | | |
| 1. Authority & Declaration | | | |

1. I am authorised to complete this form on behalf of the client. (Yes )
2. I have read, and on behalf of the client agree to, the Terms and Conditions of Trade. (Yes )

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Signature | | | | | |
|  |  | Name: |  | | |
| Signature: |  | Position: |  | Date: |  |

Please return your completed form to [admin@civcom.net.au](mailto:admin@civcom.net.au).