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

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| --- |
| 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
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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.