



CUSTOMER INFORMATION FORM

Have you ordered from Global Cleaning Supplies previously ?

IF YES HOW: Online ____ Phone ____ (Please Tick)

COMPANY NAME:	
TRADING NAME:	
ABN NUMBER:	_____
TYPE OF BUSINESS:	
POSTAL ADDRESS:	
DELIVERY ADDRESS:	
PREFERRED DELIVERY TIME:	
BUSINESS CONTACT:	NAME: _____ NUMBER: _____ EMAIL: _____
ACCOUNTS PAYABLE CONTACT:	NAME: _____ NUMBER: _____ EMAIL: _____
PURCHASING CONTACT:	NAME: _____ NUMBER: _____ EMAIL: _____

