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## **NEW CUSTOMER INFORMATION FORM**

| Company Name*                     |  |
|-----------------------------------|--|
| ACN/ABN*                          |  |
| <b>Business Trading Name*</b>     |  |
| Registered Address                |  |
| Delivery Address*                 |  |
| Contact Name (Purchase)*          |  |
| Telephone No.*                    |  |
| Contact Name (Accounts Payable) * |  |
| Telephone No.*                    |  |
| Email Address *                   |  |
| Ownership * (tick appropriate):   | □ Sole Trader □ Partnership □ Trust □ Proprietary / Ltd Co.        |
| Type of Business *                | ☐ Wholesaler ☐ Retailer ☐ Catering ☐ Other:                        |
|                                   |  |
| How did you hear about us?        | ☐ Facebook ☐ Google ☐ Local Retail Shops ☐ World of Mouth ☐ Other: |
| Signature:                        |  |

<sup>\*</sup> Required