



Australian Concrete Posts Pty Ltd

ABN: 94 169 021 694

PO Box 94, Alstonville NSW 2477

Phone: 02 6682 8614

Email: accounts@concreteposts.com.au

Web: www.ConcretePosts.com.au

CLIENT CONTACT INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Client's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other:		
Full or Legal Name:		
Physical Address:	State:	Postcode:
Billing Address:		
Job Site Address:	State:	Postcode:
Email Address:		
Phone No:	Fax No:	Mobile No:
Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i>		
Trading Name:		
ABN:	ACN:	Date Established <i>(current owners)</i> :
Nature of Business:		
Business Contacts:		
Confirmation/Sales contact Name:		
Email:	Phone No:	Mobile No:
Accounts Payable Contact Name		
Email:	Phone No:	Mobile No:
Purchasing Contact Name:		
Email:	Phone No:	Mobile No:
Job Site contact Name:		
Email:	Phone No:	Mobile No:

I certify that the above information is true and correct and that I accept the supply of credit by the Supplier *(if applicable)*. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Australian Concrete Posts Pty Ltd which form part of, and are intended to be read in conjunction with this Client Information Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CLIENT): _____ SIGNED (SUPPLIER): _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

ACP Client Contact Info w TOT R00

OFFICE USE ONLY		
Account / Ref. No.	DATA INPUTTED	DATE
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