



## CUSTOMER INFORMATION FORM

**Please complete all sections.**

<b>Customer's Details:</b> <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:
Billing Address:			Postcode:
Email Address:			
Phone No:	Mobile No:	QBCC No:	
<b>Personal Details:</b> <i>(please complete if you are an Individual)</i>			
D.O.B.		Driver's License No:	
<b>Business Details:</b> <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> :	
Contact Person:			Phone No.
Nature of Business:			
Directors / Owners / Trustee: <i>(if more than two, please attach a separate sheet)</i>			
(1) Full Name:			D.O.B.
Private Address:			State:      Postcode:
Driver's License No:		Phone No:	
(2) Full Name:			D.O.B.
Private Address:			State:      Postcode:
Driver's License No:		Phone No:	
<b>Account Details</b>			
Accounts Email Address:			Accounts Phone No:
Accounts Contact:			

<b>Credit Card Details (Required)</b>			
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Card No:	Expiry Date:	
Name on Card:			CCV:

<b>Purchase Orders</b>			
Do you use purchase orders? <input type="checkbox"/> No <input type="checkbox"/> Yes (One per Jobsite) <input type="checkbox"/> Yes (Each job eg: Piers / Footing / Slab / Block Fill / Driveway)			

I certify that the above information is true and correct. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer. I shall be personally liable for the performance of the Customer's obligations under this contract.***

Name: \_\_\_\_\_ SIGNED (CUSTOMER): \_\_\_\_\_

Position: \_\_\_\_\_