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| --- | --- | --- | --- | --- | --- |
| Customer Detail Request Form | | | | | |
| Business contact information | | | | | |
| Business name: | | | | | |
| ABN: | | | | | |
| Phone: | Fax: | | | E-mail: | |
| Address: | | | | | |
| City: | | | | State: | Postcode: |
| In business since: | | | | | |
| Sole trader: 🞏 | | Partnership: 🞏 | | Limited liability: 🞏 | Other: 🞏 |
| Business and credit information | | | | | |
| Postal address: | | | | | |
| City: | | | State: | | Postcode: |
| Accounts Department contact: | | | | | |
| Accounts/invoice email address: | | | | | |
| Accounts Department Phone: | | | | | |