

Office: (02) 9792 4188 Fax: (02) 9771 3281 8/31 Maclaurin Ave, East Hills, NSW 2213 PO Box 284, Panania NSW 2213

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NEW CLIENT DETAILS FORM

Date:		
Company Name:		
Trading As:		
ABN:	Nature of Business:	
Please tick appropriate:		
Sole Trader		Public Company
Proprietary Company		Partnership
In support of this application, I/we supply t correct	the following information know	v by the customer to be true and
Registered Address:		
Suburb:	State:	Postcode:
Delivery Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Date business commenced:		
Period under current management:		
Site Telephone :	Site Fax:	
Mobile:		
Email:		
Expected purchases over 14 days (one period	od) \$	
Contact for Account queries:		Position:
Accounts Email Address:		
Contact for Account queries Telephone:		