

NEW CLIENT DETAILS-please complete and fax or email to above
Business Contact details

BUSINESS Name.....

BUSINESS TYPE.....sole prop.....partnership.....company.....other

BUSINESS ABN.....

BUSINESS Address.....

.....

BUSINESS Postal Address.....

.....

PHONE **FAX**.....

CONTACT EMAIL (FOR ORDERS/AUTHORISATION).....@

.....

Accounts Department details

ACCOUNTS Contact Name (For PO & invoices).....

ACCOUNTS PHONE..... **FAX**.....

ACCOUNTS EMAIL.....@.....

The above information is submitted for the sole purpose of opening an account with Automated Warehouses.com Pty Ltd and I hereby certify the information to be true.

Signed.....Date.....

Printed Name.....

All AW invoices will be issued to the account department detailed above. The invoices are to be paid 7 days from date of invoice unless agreed otherwise.