



NEW CLIENT INFORMATION FORM

Client Information

Company Name:

Trading Name:

ABN:

Postal Address:

Postcode:

Delivery Address:

Postcode:

Account Billing Details

Contact Name:

Phone Number: Fax Number:

Email Address:

TRADING TERMS ARE STRICTLY CASH ON DELIVERY.

If credit is preferred a Credit Application Form must be filled in and approved prior to the provision of a credit account. A Credit Application Form can be provided on request.

I acknowledge that I have full authority to sign on behalf of the business as indicated above

Signature: Date:

Name: Phone Number:

Position:

PLEASE RETURN TO YOUR ACCOUNT MANAGER OR EMAIL TO accounts@i-auto.com.au

Kathy McCarthy
TMM Publishing Pty Ltd trading as I-Auto Media
ABN 90113583645
PO Box 1722 Osborne Park WA 6916