



Scratchless Glass Australia
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CLIENT INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Type of Business: <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company			
Company Name:		ABN No:	
Trading Name:		ACN No:	
Physical Address:		State:	Postcode:
Billing Address:		State:	Postcode:
Email Address:		Phone No:	
Alternative Email Address:		Fax No:	
Contact:	Phone No:	Mobile No:	
Date Business / Company Established: (current owners)			
Nature of Business:			
Directors / Owners / Trustee (if more than two, please attach a separate sheet)			
(1) Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	
(2) Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	

I certify that the above information is true and correct and that I accept the supply of credit by the Seller (*if applicable*). I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Kristen Marie Budd T/A Scratchless Glass Australia which form part of, and are intended to be read in conjunction with this Client Information Form and agree to be bound by these conditions. 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 Client I shall be personally liable for the performance of the Client's obligations under this contract.**

SIGNED (CLIENT): _____ **SIGNED (SELLER):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____ **Name:** _____ **Date:** _____

OFFICE USE ONLY		
Account / Ref. No.	DATA INPUTTED	DATE
		/ /