

CUSTOMER INFORMATION FORM

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

| | | |
|--|----------------------|--|
| Customer's Details: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other: | | |
| Full or Legal Name: | | |
| Physical Address: | State: | Postcode: |
| Billing Address: | State: | Postcode: |
| Email Address: | | |
| Phone No: | Fax No: | Mobile No: |
| Personal Details: <i>(please complete if you are an Individual)</i> | | |
| D.O.B.: | Driver's Licence No: | |
| Business Details: <i>(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)</i> | | |
| Trading Name: | | |
| ABN: | ACN: | Date Established <i>(current owners)</i> : |
| Contact Person: | Phone No.: | |
| Nature of Business: | | |
| Directors / Owners / Trustee: <i>(if more than two, please attach a separate sheet)</i> | | |
| (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 Printer *(if applicable)*. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Agnes Enterprises Pty Ltd T/A Abel Labels which form part of, and are intended to be read in conjunction with this Customer 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 Customer I shall be personally liable for the performance of the Customer's obligations under this contract.***

SIGNED (CUSTOMER): _____ **SIGNED (PRINTER):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CUSTOMER'S SIGNATURE:

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

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