

Business Details										
Company Name:						ABN:				
Trading Name:										
Corporate Structure:			Company		Partnership		Sole Trader		Trust	
Manager/Purchaser:								Title (Mr, Mrs, Ms, Miss):		
Nature of Business:										
Postal Address:										
Suburb:						State:		Postcode:		
Delivery Address:										
Suburb:						State:		Postcode:		
Delivery Instructions:										
Trading Days/Hours:										
Contact Numbers:	Phone:				Mobile:				Fax:	
Email Address:										
Website:										
Referred by:										

PLEASE RETURN THIS COMPLETED FORM BY FAX TO (02) 97506889 OR BY EMAIL TO amanda@statewideoffice.com.au			
OFFICE USE:			
Date:			Customer Code:
Initial:			