

Rydges Wholesale Foods Pty Ltd
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## **CUSTOMER INFORMATION FORM**

	Please complete all	sections and read the Tern	ns and Conditions of T	rade overleaf or attached.		
Customer's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:						
Full or Legal Name:						
Physical Address:				State:	Postcode:	
Billing Address:				State:	Postcode:	
Email Address:						
Phone No: Fax No:				Mobile No:		
Personal Details: (please complete if you are an Individual)			1			
D.O.B.			Driver's Licence No:			
Rusiness Details: /n/oa	so complete if you are a	Sole Trader, Trust, Partners	hin Company or Other	as specified)		
Trading Name:	se complete il you ale a	Sole Trader, Trast, Faithers.	mp, company or other -	- as specifical		
ABN: ACN:				Date Established (current owners):		
Contact Person:				Phone No.		
Nature of Business:			THORE NO.			
	stee: (if more than two	olease attach a senarate she	eet)			
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:		
		1				
I certify that the above information is true and correct and that I accept the supply of credit by the Seller ( <i>if applicable</i> ). I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Rydges Wholesale Foods Pty Ltd 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 (SELLER):			
Name:			Name:			
Position:			Position:			
WITNESS TO CUSTOMER	R'S SIGNATURE:					
Signed:			Name:	D	ate:	
OFFICE USE ONLY  Account / Ref. No. DATA INPLITED DATE						

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