CleverChoice
Innovative Flooring Solutions

CUSTOMER DETAILS FORM *(Please provide all details as requested)*												
Name of Person Completing Application							**Date of Application**					
Company Operating Structure *(tick applicable)*	Public Company	☐	Proprietary Company	☐	Partnership	☐	Sole Trader	☐				
Registered Trading Name												
Registered Company Name												
ABN					**ACN**							
ACN Trustee												
Date of Registration												
Registered Business Address												
	Suburb			**State**			**Postcode**					
Directors Names *(Full Names)*												
Store Managers Name	**First**				**Last**							
Store Address												
	Suburb			**State**			**Postcode**					
Store Contact Name	**First**				**Last**							
Store Contact	**Phone**				**Other**							
Store Email/s												
ACCOUNTS CONTACT												
Full Name					**Phone**							
Email/s												
MARKETING CONTACT												
Full Name					**Phone**							
Email/s												
WAREHOUSE DETAILS & CONTACT												
Address												
	Suburb			**State**			**Postcode**					
Full Name					**Phone**							
Email/s												
Warehouse Hours												
Forklift	**YES**	☐	**NO**	☐	**Manned**	☐	**Unmanned**	☐	**MAX WEIGHT**			
					PICK-UP	☐			**DELIVERY**	☐		
Your Nominated Freight Company							**Acc. Ref**					
SPECIAL DELIVERY INSTRUCTIONS												