

# New Trade Customer Questionnaire



We'd like you to complete this questionnaire so we can keep your delivery details on file and speed up order processing. **Please note that this is NOT an account application form.** Credit account application forms available on request. (New businesses should have 6 month trading history to apply for account.)

PO Box 5666, Minto NSW 2566  
Ph (61-2) 9603 0111 Fax (61-2) 9820 2500  
E-mail: admin@whiteline.com.au  
ABN 93 051 207 535

DATE: \_\_\_\_\_

Please tick one ( ) **COMPANY** ( ) **PARTNERSHIP** ( ) **SOLE TRADER** ( ) **OTHER**

(If "OTHER" please give details) \_\_\_\_\_

## Company Details

Full name of Applicant \_\_\_\_\_ Date established \_\_\_\_\_

Trading Name \_\_\_\_\_

Trading/Delivery address \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

GST Status (if applicable) \_\_\_\_\_ ABN Number \_\_\_\_\_

Registration number (for registered trading names only) \_\_\_\_\_

Sales contact name \_\_\_\_\_ Ph \_\_\_\_\_

Email Address \_\_\_\_\_

Accounts contact name \_\_\_\_\_ Ph \_\_\_\_\_

Email Address \_\_\_\_\_

## Payment Options

**I choose to:** (Please tick one)

Pay by direct deposit into your account (account details will be provided) ( )

Pay via COD courier service (only available in greater Sydney metro area) ( )

Pay with a credit card (please give credit card details below\*) ( )

Type of card: Visa / Bankcard / Mastercard (please circle one) Expiry Date: \_\_\_\_\_

Cardholders Name (exact name that appears on the card): \_\_\_\_\_

Number on card: \_\_\_\_\_

(\*All details are kept confidential)