



COMPANY INFO FORM

BUSINESS DETAILS (Please print)

Entity Name: _____

Trading name: _____

Entity type: SOLE TRADER PARTNERSHIP COMPANY TRUST GOV'T
(PLEASE TICK)

ABN: _____ ACN: _____

Owner: _____ Manager: _____
(IF NOT OWNER)

CONTACT DETAILS (Please print)

Business Phone: _____ Business Fax: _____

Mobile: _____ Email: _____

Trading Address: _____

City/Suburb: _____ State: _____ Postcode _____

Postal Address: _____

City/Suburb: _____ State: _____ Postcode _____

Delivery Address: _____

City/Suburb: _____ State: _____ Postcode _____

Accounts Contact: _____

Phone: _____ Fax: _____

Email: _____

PERSON/S AUTHORISED TO MAKE PURCHASES:

Name: _____ Position: _____

Name: _____ Position: _____

ACKNOWLEDGEMENT

I hereby confirm that the above information is true and correct and I acknowledge that any purchases made are subject to JHTA's Trading Terms & Conditions and JHTA's Warranty Statement.

Name: _____ Signature: _____ Date: _____