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CLIENT INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Client'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: Mobile No:

Personal Details: (please complete if you are an Individual)

D.O.B. Driver's Licence No:

Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)

Trading Name:

ABN: ACN: Date Established (current owners)

Contact Person: Phone No.

Nature of Business:

Directors / Owners / Trustee: (if more than two, please attach a separate sheet)

(1) Full Name:

Director Identification No: D.O.B.

Private Address: State: Postcode:

Driver's Licence No: Phone No: Mobile No:

(2) Full Name:

Director Identification No: D.O.B.

Private Address: State: Postcode:

Driver's Licence No: Phone No: Mobile No:

I certify that the above information is true and correct and that I accept the supply of credit by the Supplier (if applicable). I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Solar Eggs Pty Ltd which form part of and are intended to be read in conjunction with this Client 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.

SIGNED (CLIENT): Name Position

SIGNED (SUPPLIER): Name Position

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