

Haselgrove Vignerons Pty Ltd T/A **Nick Haselgrove Wines OR James Haselgrove Wines**

ABN: 99 059 751 923

PO Box 271, McLaren Vale SA 5171 • Phone: (08) 8383 0886 • Fax: 08 83830887 Email: accounts@nhwines.com.au • Web: www.nhwines.com.au

CUSTOMER INFORMATION FORM

Full or Legal Name:	Please complete all sections and read the Terms and Conditions of Trade overleaf or attached. Customer's Details: Individual Sole Trader Trust Partnership Company Other:						
Billing Address: Final Address: Phone No: Fax No: Driver's Licence No: Business Details: (please complete if you are as low trader, Trust. Partnership. Company or Other - as specified) Trading Name: ABN: Business Details: (please complete if you are a Sole Trader, Trust. Partnership. Company or Other - as specified) Trading Name: ABN: Business Details: (please complete if you are a Sole Trader, Trust. Partnership. Company or Other - as specified) Trading Name: ABN: Business Details: (please complete if you are a Sole Trader, Trust. Partnership. Company or Other - as specified) Trading Name: ABN: Business Details: (please complete if you are a Sole Trader, Trust. Partnership. Company or Other - as specified) Trading Name: Directors / Done No. Nature of Business: Directors / Owners / Trustee: (if more than two, please attach a separate sheet) (1) Full Name: Driver's Licence No: Phone No: Mobile No: State: Postcode: Driver's Licence No: Phone No: Mobile No: Cyf cull Name: DO. B. Private Address: Driver's Licence No: Phone No: Mobile No: Cyf Ull Name: Postcode: Phone No: Mobile No: Cyf Ull Name: Postcode: Driver's Licence No: Phone No: Mobile No: Cyf Ull Name: Postcode: Phone No: Mobile No: State: Postcode: Postcode: Phone No: Mobile No: State: Postcode: Postcode: Postcode: Phone No: Mobile No: State: Postcode: Postcod	Full or Legal Name:						
Email Address:	Physical Address:			State:	Postcode:		
Prone No:	Billing Address:				State:	Postcode:	
Personal Details: (please complete if you are an Individual) D.O.B. Driver's Licence No: Driver's Licence No:	Email Address:						
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): Phone No. Nature of Business: 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: Mobile No: (2) 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: 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 (overfeat or attached) of Haselgrove Vignerous Pry Ltd TIA Nick Haselgrove Vines on Supplier (incompation form 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 Name: Date: WITNESS TO CUSTOMER'S SIGNATURE: Signed: Name: Date: Date: WITNESS TO CUSTOMER'S SIGNATURE: Signed: Name: Date: Date: WITNESS TO CUSTOMER'S SIGNATURE:	Phone No:		Fax No:		Mobile No:		
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Account / Ref. No. DATA INPUTTED DATE							
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