



Kentronics®
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Quality
ISO 9001



New Customer Form

General Customer Information			
Company Name :			
Bill To Address :			
Ship To Address : Must be a street address	Company Name : Address : Contact Name and Tel :		
Phone :		Fax	
Website :		Email	
Date of Incorporation :			
Company Structure * :	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Pty Ltd Company <input type="checkbox"/> Trust	Billing Party	<input type="checkbox"/> Administration <input type="checkbox"/> Service Dept. <input type="checkbox"/> Others :
Contact 1 :		Direct Line :	
Title :		Email :	
Contact 2 :		Direct Line :	
Title :		Email :	
Account Contact :		Direct Line :	
Title :		Email :	
Estimated Purchases :		Per month	Per Year
Payment Method	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Others :		
Expected Credit Limit	AU\$	PO from (Location) :	
Special Instruction or Remarks :			

Declaration	
<p><i>The above information is given for the purpose of obtaining a prepaid (no terms) trading account with Kentronics. Kentronics commits to holding this information private and confidential.</i></p>	
Authorized Signature:	Name Title Date