



COD Trade Account
Customer Information Form

Liquid Mix (WA) Pty Ltd
PO Box 1222
CANNING VALE DC WA 6970
Tel: (08) 9434 8555
Fax: (08) 9455 1022
Email: accounts@liquidmix.com.au

****Registered**

Company Name: _____ Trustee Name: _____

Trading Name: _____

ABN: _____ ACN: _____

Physical Address: _____

Postal Address: _____

Circle your two(2) preferred delivery days: Tue Wed Thurs Fri 4hr delivery window: _____

Freight Co. (for Country Customers): _____

Please Indicate: Company Partnership Sole Prop Trustee Co **

Orders Contact Name: _____ Accounts Contact Name: _____

Orders Telephone: _____ Accounts Telephone: _____

Orders Email: _____ Accounts Email: _____

Nature of Business: _____ Date Commenced Trading: _____

Liquor Licence No.: _____ Licensee/ Nominee: _____

Licence Transfer Date: _____ Has a Liquor Licence been held previously: YES NO

If Yes, name previous Licensed Premises held by Applicant: _____

Are the Premises Leased or Owned: _____

Purchase Order Number Required: Yes No

Full name and residential addresses of all the Directors/Partners/Proprietors: *(Please attach a separate page if insufficient space)*

Name	Residential Address	Mobile No.	Driver's Licence No.	Date of Birth

The Customer shall be liable for, and expressly undertakes to pay, all fees (including an Administration Fee in an amount to be set from time to time by the Company) for all costs incurred as a result of any cheque or electronic banking transaction being dishonored for whatever reason.

Print Name: _____ Signature: _____ Date: _____

Title: _____

Credit Card Authorisation

PAYMENT METHOD	AUTHORISED BY:	CARD DETAILS:
VISA or MASTERCARD		

(Please circle correct card type)

(Please enter card number and Expiry Date)

I hereby authorise LIQUID MIX (WA) PTY LTD to deduct any payment due from the above credit card, including the applicable finance fees.

SIGNED BY: _____

PRINT NAME: _____ DATE: _____