



Please provide your company details below:

Name of Customer(s).....A.B.N.....

A.C.N.....

Trading/Business name (if any)

Structure: (Please Tick) **Public Company** [] **Company** [] **Partnership** [] **Sole Trader** []

Postal Address.....

City.....State.....P/C.....

Business Address.....

City.....State.....P/C.....

Delivery Address.....

City.....State.....P/C.....

Telephone ()..... Fax ().....

Web Address..... Email Address.....

Contacts:

Purchasing Officer Accounts Payable

Bank Name..... BSB..... Account No.....

Name of Account.....

Preferred Freight Company.....Telephone().....

Address.....P/C.....



Fremantle Octopus Pty Ltd

ABN 30 009 450 159

☎ 08 9335 6300 ☎ 08 9335 6399

orders@fremantleoctopus.com.au

www.fremantleoctopus.com.au

16 Emplacement Crescent

Hamilton Hill WA 6163



Details of:

(Please Tick) **Directors** [] **Partners** [] **Sole Trader** []

1. Name in Full.....
Position/Occupation.....
Date of Birth.....
Residential Address.....P/C.....
2. Name in Full.....
Position/Occupation.....
Date of Birth.....
Residential Address.....P/C.....

The Person(s) signing this document acknowledges that all above information is correct at date of signing.

Signature.....Name and Title.....

Date.....



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