



urban dezin

A.B.N. 79 738 107 005

T: 0424 199 050

E: info@urbandezign.com.au

W: www.urbandezign.com.au

PO Box 100 Greenslopes QLD 4120

Member Qld Interior Decorators Assoc.

BUSINESS INFORMATION FORM

Client No (Office Use Only):	Order No:	Date
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BUSINESS DETAILS

Legal Entity	Private Co <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Other <input type="checkbox"/>			
Legal Name								
Trading Name								
A.C.N.			A.B.N.					
Establishment Date:			Yrs Under Present Management:					
Street Address								
Postal address								
Phone:				Fax:				
Mobile:				Email:				
Purchase Contact:			Position:			Direct line:		
A/c Payable Contact:			Position:			Direct line:		
Order Number must be used	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Special Instructions:								

AGREEMENT (must be signed by Signatories listed below)

1. I/We certify the information I/we have provided is true and correct.
2. I/We agree to be bound by Urban Dezin's Terms and Conditions of Engagement attached hereto which I/we have read and understood.

DETAILS OF DIRECTORS & BUSINESS OWNERS

Authorised Signatory (A)		Authorised Signatory (B)	
Full Name:	D.O.B.	Full Name:	D.O.B.
Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trustee <input type="checkbox"/>		Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trustee <input type="checkbox"/>	
Private Phone:	Mobile	Private Phone:	Mobile
Private Address:	Private Address:		
Signature:	Date	Signature:	Date

CHECKLIST (Please make sure you send the following back so this form can be processed promptly)

Client Information Form with all details completed	
Terms & Conditions of Engagement initialled by signatories listed above	