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.

CLIENT INFORMATION FORM

CLIENT DETAILS			
Full Name:		Full Name:	
Date of Birth:	Mobile:	Date of Birth:	Mobile:
Email:		Email:	
Business Phone:		Business Phone:	
Home Phone:		Fax:	
Street Address			
Postal Address:			
Site Address: (If different from above)			

SPECIAL INSTRUCTIONS

AGREEMENT (must be signed by Signatories listed above)

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

Signature:	Date:	Signature:	Date:
Full Name:		Full Name:	

CHECKLIST (Please make sure you send the following back so this form can be processed promptly)	
Client Information Form signed and with all details completed	
Terms & Conditions of Engagement initialled by signatories listed above	