



nutraceuticals

RMF Nutraceuticals (Aust) Pty Ltd
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CUSTOMER INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Customer's Details: Individual Sole Trader Trust Partnership Company Other
Full or Legal Name:
Physical Address: State: Postcode:
Billing Address: State: Postcode:
Email Address:
Phone No: Fax No: Mobile No:
Personal Details: (please complete if you are an Individual)
D.O.B. Driver's Licence No:
Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other - as specified)
Trading Name:
ABN: ACN: Date Established (current owners):
Contact Person: Phone No.
Nature of Business:
Directors / Owners / Trustee: (if more than two, please attach a separate sheet)
(1) Full Name: D.O.B.
Private Address: State: Postcode:
Driver's Licence No: Phone No: Mobile No:
(2) Full Name: D.O.B.
Private Address: State: Postcode:
Driver's Licence No: Phone No: Mobile No:

I certify that the above information is true and correct and that I accept the supply of credit by RMF (if applicable). I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of RMF Nutraceuticals (Aust) Pty Ltd which form part of, and are intended to be read in conjunction with this Customer Information Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.

SIGNED (CUSTOMER): SIGNED (RMF):
Name: Name:
Position: Position:

WITNESS TO CUSTOMER'S SIGNATURE:

Signed: Name: Date:

Table with 3 columns: Account / Ref. No., DATA INPUTTED, DATE