

CLIENT INFORMATION FORM



CONTACT DETAILS

Company Name	
Trading Name	
Surname	First names
Grower brand(s)	
Contact name(s)	
Address	
Phone	Mobile
Fax	Email

OTHER DETAILS

Rep	Store
Main Breed	
Estimated Bales PA	

Wools of New Zealand shareholder?	Yes	No
Primary Wool Co-operative shareholder?	Yes	No
Would you like to receive invoices and weight notes via email?	Yes	No
Appraisals to go to Grower?	Yes	No

PAYMENT DETAILS

Bank account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you GST registered?	Yes	No							
GST number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance to be included?	Yes	No							

RETURN TO

Email: specsheets@woolnz.com

Please make any additional notes on the reverse

Office Use only

Grower Code

Approved by

Date to apply from

Signature