

# New Customer application form



## CORPORATE INFORMATION

COMPANY/BUSINESS NAME		ABN	DATE INCORPORATED
STREET ADDRESS		SUBURB	POST CODE
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)		SUBURB	POST CODE
TELEPHONE (MAIN)	FAX (MAIN)	EMAIL (MAIN)	

## ACCOUNTS PAYABLE CONTACT INFORMATION

CONTACT NAME		EMAIL
TELEPHONE	FAX	

## OTHER CONTACT INFORMATION

NAME	TITLE	DIRECT LINE	EMAIL
NAME	TITLE	DIRECT LINE	EMAIL

## GENERAL INFORMATION

WHAT INDUSTRY ARE YOU IN?
YOUR PROJECT IS <input type="checkbox"/> <i>New</i> <input type="checkbox"/> <i>Continuing</i> <input type="checkbox"/> <i>Other</i> _____
HOW DID YOU HEAR ABOUT AUS COSMETICS?

I acknowledge that I have read and will comply with the AUS Cosmetics' Terms and Conditions

I agree to receive news & special offers from AUS Cosmetics via email/fax. Collected information will not be shared with any third party as stated in our Ts&Cs

## APPLICATION SUBMITTED

SIGNATURE	NAME	POSITION	DATE
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## RETURN FORM

**Email** info@auscosmetics.com.au **Post** PO Box 2502 Taren Point NSW 2229 Australia **Fax** +612 9574 5055

## OFFICE USE ONLY

DATE RECEIVED	RECEIVED BY	DATE ENTERED	ENTERED BY
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