



Edgesmith Limited
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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: _____ Postcode: _____
 Billing Address: _____ Postcode: _____
 Email: _____
 Phone No: _____ Mobile No: _____

Personal Details: *(please complete if you are an Individual)*

(1) Full Name: _____ D.O.B: _____
 Driver's Licence No: _____ Mobile No: _____

Business Details: *(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)*

Trading Name: _____ GST No: *(if applicable)* _____
 NZBN: _____ Date Incorp: *(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: _____
 Residential Address: _____ Postcode: _____
 Driver's Licence No: _____ Phone No: _____ Mobile No: _____
 (2) Full Name: _____ D.O.B: _____
 Residential Address: _____ Postcode: _____
 Driver's Licence No: _____ Phone No: _____ Mobile No: _____

Privacy Officer Details:

Full Name: _____ Mobile No: _____
 Phone No: _____ Email: _____

I certify that the above information is true and correct and that I accept the supply of credit by Edgesmith Limited. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Edgesmith Limited 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.

SIGNED (CUSTOMER): _____ **SIGNED (ESL)** _____
 Name: _____ Name: _____
 Position: _____ Position: _____
 Date: _____ Date: _____

