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CUSTOMER REGISTRATION FORM

*****NOTE: THIS IS NOT A CREDIT APPLICATION*****

NAME / BUSINESS NAME			
POSTAL ADDRESS:			
SHIP TO ADDRESS:			
PHONE/FAX:	(W)	(H)	
	(MOB)	(FAX)	
EMAIL/WEBSITE:	(EMAIL)		
	(WEBSITE)		
OWNERS NAME: <small>(for businesses)</small>			
CONTACT NAME:			
ABN NUMBER:			
ID CRITERIA: <small>Please Supply one of the following</small>	PHOTOCOPY OF DRIVERS LICENCE		
	PHOTOCOPY OF PASSPORT		
	COPY OF COMPANY LETTERHEAD / BUSINESS CARD		
CUSTOMER SIGNATURE:	DATE:		
COMPANY USE ONLY			
<i>PRICE CODE:</i>		<i>PURCHASE ORDER REQUIRED</i>	
<i>SALES REP:</i>		<i>NEWSLETTER REQUIRED</i>	
<i>INDUSTRY:</i>		<i>CUSTOMER NUMBER</i>	C
<i>SALES CODE:</i>		<i>APPROVED BY:(initial & date)</i>	
<i>TERRITORY:</i>			
COMMENTS:			

PLEASE POST, FAX OR EMAIL THIS FORM BACK