P A Phillips Electrical LTD

CLIENT INFORMATION FORM

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

DATE:		REF No:	
CLIENT'S TRADE NAME:			
CLIENT'S FULL or LEGAL NAME:			
Phone:		Fax:	
Mobile:		Email:	
Billing Address:		Physical Address:	
	Postcode:		Postcode:

Company No:	Date Established:
Contact 1:	Contact 2:
Position:	Position:
Phone:	Phone:

☐ **DETAILS OF OWNER** (if sole trader) ☐ **PARTNERS** (if partnership) ☐ **DIRECTORS** (if company) ☐ **OR TRUSTEE** (if a trust)

Full Name:		Full Name:	
Home Address:		Home Address:	
Postcode:	DOB:	Postcode:	DOB:
Home Phone:		Home Phone:	

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIOND OF TRADE (overleaf or attached) of P A Phillips Electrical Limited which form part of, and are intended to be read in conjunction with this Client Information Form and agree to be bound by these conditions. I authorize 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 client I shall be personally liable for the performance of the Client's obligations under this contract.**

SIGNED:(paphillipselectrical)	SIGNED:(client)
Name:	Name:
Postion:	Position:

P A Phillips Electrical LTD

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Email: paul@paphillipselectrical.co.nz