

# NEW CLIENT DETAIL



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**Name of Business:**

**ABN:**

**Client Name:**

**Trading as:**

**Street Address:**

**Postal Address:**

**Contact Person:**

**Phone Number:**

**Mobile Number:**

**Fax Number:**

**E-mail:**

**Web Address:**

**Contact for Payment:**

**Contact for Signature on Contracts:**

**Contact number to be given for customer inquiries:**

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**Please provide a brief list or description of products being displayed**

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**REQUIREMENTS (if available):**

NUMBER OF TRESTLES:

DISPLAY BOARDS:

CHAIRS:

ACCESS CAR/TRAILER:

FLOORPLANS:

PLI:

POWER: YES/NO (please circle)

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(A photo of the display or goods to be displayed should be forwarded to our office for our files)

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When completed, please either fax or post this form back to Mall Managers WA Pty Ltd together with your Certificate of Currency (an invoice or invitation to renew is **not acceptable**) of your Public Liability Insurance policy confirming coverage of AUD\$10 million. **Insurance noting Market Stalls will not be accepted.**

**Mall Managers WA Pty Ltd**

**PO Box 1200**

**JOONDALUP DC WA 6919**

**Fax number: 93010737**

**Email: [mallsales@mallmanagers.com](mailto:mallsales@mallmanagers.com)**