

NEW CLIENT DETAIL



Name of Business:

ABN:

Or

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:

Please provide a brief list or description of products being displayed

REQUIREMENTS (if available):

NUMBER OF TRESTLES:

DISPLAY BOARDS:

CHAIRS:

ACCESS CAR/TRAILER:

FLOORPLANS:

PLI:

POWER: YES/NO (please circle)

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

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 175

KINGSWAY WA 6065

Fax number: 94094082

Email: jank@mallmanagers.com