



ABN: 14 162 894 975  
 Unit 1/610 Great Western Hwy  
 Girraween NSW 2145

## Customer Details Form

Phone: 1300 329 738  
 www.portaboom.com.au

*This form must be completed for all new suppliers prior to the supply of goods or services  
 Please return completed form to [accounts@trafficaccess.com.au](mailto:accounts@trafficaccess.com.au)*

Company Name: _____	Trading Name: _____
ABN: _____	

Customer Location/Address	Purchasing Contact Person / Contact Details
Address _____ _____	Contact Person _____
City _____	Position _____
State _____	Email _____
Postal Code _____	Contact Number _____
<b>Postal Address (if different from Location Address)</b>	<b>Accounts Contact Person / Contact Details</b>
Vendor Address _____ _____	Contact Person _____
City _____	Position _____
State _____	Email _____
Postal Code _____	Contact Number _____

I hereby certify that the provided information above is true and correct.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_