

New Customer Form

FMCG Industry Solutions



Please return this form via :
Fax: (02) 9012 0320 or Email : sales@fmcgis.com.au

Please complete the details below and send it back via email or fax

Company:			
ABN:			
Ship To Contact Name:			
Delivery Address:			
City:	State:	Post Code:	
Billing Address:			
City:	State:	Post Code:	
Phone:			
Fax:			
Email:			
Date:			

Please ensure that Purchase Order numbers are specified on all orders. Authorised signatures must be presented on orders and orders will only be released by those authorised on this form.

Authorised signatures : Any staff or specifically

Print name:

Signature :

Retention of Title:

Goods/Reports remain the property of FMCG Industry Solutions Pty Ltd until payment is received in full. Invoice is subject to our "Terms & Conditions of Sale", available upon request or from our website. All invoices are on 7 days terms (unless otherwise stated) and are sent with goods; no statements are issued. A 20% re-stocking fee applies to prior approved returned goods.

I have read the above and agreed to its Terms & Conditions:

Print name:

Position:

Signature :

Date:

Payment Details

Direct Deposit to the following accounts :

Bank : Bankwest BSB : 302 100 Account no: 1467089

or specify credit card details below :

Credit Card Type: American Express Mastercard Visa Diners

Card Number:

Expiration Date:

Cardholder Name:

CCV No.:



Looking forward to providing you with excellent products and services

FMCG Industry Solutions Pty Ltd
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