

Today's date:	
---------------	--

1. Business Details

Registered Business Name:			
Trading As Name:			
Name of Account Payer:	Last name:	First Name:	
Email of Account Payer:			
Name of Person setting up account:	Last Name:	First Name:	
Email of person setting up account:			

2. Contact Details

Telephone:	Code		Number	
Mobile Phone:	Code		Number	
Email:				
Website:				
Postal Address:		Code		
Physical Address:		Code		
Suburb:				
City:		Country:		
Gst Number:				

3. Business entity type (tick the applicable box)

	Sole Proprietor		Public Company (Ltd)
	Partnership		Non-profit organization
	Private Company (Ltd)		Trust
	Other (Specify)		

4.

Total Number of years this firm has been in business	
--	--

5.

Did this firm exist under another name in the last five years?	
--	--

If yes, what was the previous name?	
-------------------------------------	--

I, the undersigned duly authorised thereto, hereby confirm on behalf of the customer that the information provided in this document is true and accurate and that I am authorised to sign on behalf of the customer.

By ticking this box and signing this agreement I understand and agree with the

Terms and conditions Lemongrasscatering.nz.

Signature:	
Name:	
Date:	