



In the coming month we will be updating our records. Please assist us by updating the following details and either email, fax or post this form back to us as soon as possible. Thank you!

reception@hartwaynb.com.au

Customer Business Name: _____

Trading Name: _____

ABN: ACN:

Trading Address _____

Suburb: _____ State Postcode

Postal Address: _____

Suburb: _____ State Postcode

Phone: _____ FAX: _____

Delivery Address: _____

Conditions of entry: _____

**Please attach a separate sheet out lining extra delivery addresses and conditions of entry:
I.e. gate 3, enter from north end**

Workshop/ Purchasing contact: _____ Mobile: _____

Business Phone: _____ Business Fax: _____

Account payable contact _____ Phone: _____ Fax _____

Accounts payable email: _____

Sales Contact _____ Phone: _____ Fax: _____

Sales Email: _____

**Thank you from our Admin Team
Hartway Galvanizers**