

Prenail Frames and Trusses Limited

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Web: www.prenail.co.nz GST No: 080-623-046

CLIENT INFORMATION FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached. This is a Client Information Form under the Construction Contracts Act 2002. Please read clause 21 on the reverse.

Client's Details: ☐ Individual ☐ Sole Trader	☐ Trust ☐ Part	tnership 🛚 Compa	ny 🗆 Other:		
Full or Legal Name:					
Physical Address:				Postcode:	
Billing Address:				Postcode:	
Email Address:					
Phone No:	hone No: Fax No: Mobile No:				
Personal Details: (please complete if you are an Individual)					
D.O.B.	B. Driver's Licence N				
Business Details: (please complete if you are a Sole	Trader, Trust, Partnersh	nip. Company or Other –	as specified)		
Trading Name:	,				
Company Number:			•		
Contact Person:			Phone No.		
Nature of Business:					
Directors / Owners / Trustee: (if more than two, please	e attach a separate she	et)			
(1) Full Name: D.O.B.					
Private Address:				Postcode:	
Driver's Licence No:	Phone No:		Mobile No:		
(2) Full Name:			D.O.B.		
Private Address:				Postcode:	
Driver's Licence No:	Phone No:		Mobile No:		
I certify that the above information is true and correct the TERMS AND CONDITIONS OF TRADE (overlet to be read in conjunction with this Client Information formation as detailed in the Privacy Act clause the Client I shall be personally liable for the period.	eaf or attached) of Pr ion Form and agree erein. <i>I agree that it</i>	renail Frames and Tru to be bound by thes I am a director/sha	usses Limited which form pa se conditions. I authorise th reholder (owning at least to	rt of, and are intended e use of my personal	
SIGNED (CLIENT):		SIGNED (PF&T):			
Name:		Name:			
Position:		Position:			
WITNESS TO CLIENT'S SIGNATURE:					
Signed:		Name:	Date	:	

OFFICE USE ONLY		
Account / Ref. No.	DATA INPUTTED	DATE
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