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CLIENT INFORMATION FORM

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

DATE:	REF No
CLIENT'S TRADE NAME:	
CLIENT'S FULL or LEGAL NAME:	
	Fax:
Mobile:	Email:
Billing Address:	Physical Address:
Postcode:	Postcode:
COMMERCIAL CLIENTS ONLY	
Company Number:	Date Established:
Contact 1:	Contact 2:
Position:	Position:
Phone:	Phone:
Home Address: Postcode: ID: Date of Birth:	Full Name: Home Address: Postcode: D: Date of Birth:
(Driver's Licence, Passport, etc.)	(Driver's Licence, Passport, etc.)
Home Phone:	Home Phone:
applicable). I have read and understand the TER O'Coínné Constructions Limited which form part of Information Form and agree to be bound by these detailed in the Privacy Act clause therein. I agree to	rrect and that I accept the supply of credit by the Ó'Coínné (if RMS AND CONDITIONS OF TRADE (overleaf or attached) of of, and are intended to be read in conjunction with this Client e conditions. I authorise the use of my personal information as that if I am a director/shareholder (owning at least 15% of the e for the performance of the Client's obligations under this
SIGNED (CLIENT):	SIGNED (Ó'COÍNNÉ):
Name:	Name:
Position:	Position:
WITNESS TO CLIENT'S SIGNATURE:	
Signed:	Name: Date: