

**New Client Details**

**TOMPSETT ASPHALT**

175 Proximity Drive  
Sunshine West



ABN: 12 625 912 772  
Email:  
[account@tompsettasphalt.com.au](mailto:account@tompsettasphalt.com.au)

Telephone: 0472 704 894

**Company Details:**

Business/Trading Name: \_\_\_\_\_

Registered Company Name (if applicable) \_\_\_\_\_

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Corporate Structure** :(tick appropriate)

- Proprietary Company  Public Company  Incorporated Body  Trustee  Sole Trader  Partnership

GST Registered YES / NO (Please circle)

**Credit Terms:**

Payment Terms: 7 Days from invoice date

OTHER: please state (Other terms must be agreed by Tompsett Asphalt Pty Ltd)

**Accepted (please sign form below to accept)**

Schedule of Rates (enclosed) YES / NO

Payment Terms YES / NO

**Directors/Owners Details:**

Name(1): \_\_\_\_\_

Address(1):  
\_\_\_\_\_

Name(2): \_\_\_\_\_

Address(2): \_\_\_\_\_

\_\_\_\_\_

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**Credit References:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Number: \_\_\_\_\_

Full Name of Authorised Person (Please Print)

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Please return to Accounts Department via email to [account@tompsettasphalt.com.au](mailto:account@tompsettasphalt.com.au).

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