

New Client Form

Completed form to be returned to administration@cosgroves.com



This information is collected to verify your identity, and ensure we have adequate data for the purposes of project communication and accounting. All information provided will be held in confidence and not disclosed to third parties in accordance with the New Zealand Privacy Act 1993.

COMPANY DETAILS:

Company name: Company Name

Trading as: Trading as

Nature of organisation (please tick):

Sole Trader

Partnership

Limited Company

Public Company

Charity/Trust

Other

Physical address: Physical address

City: City

Post Code: Post Code

Postal address: Postal Address

City: City

Post Code: Post Code

Email: Email

Phone: Phone

Website: Website

MAIN CONTACT:

Full Name: Full Name

Physical Address: Physical address

City: City

Post Code: Post Code

Email: Email

Mobile: Mobile

ACCOUNTS CONTACT:

Full Name: Full Name

Email: Email

Phone:

Invoices shall be made out to:

Company

Company C/- Main Contact

Other

Invoices shall be emailed to the following email addresses (please tick all that apply):

Company

Main Contact

Accounts Contact

I certify that the above information is true and accurate, and that I am authorised to make this application.

Full Name:

Position:

Signature:



Date:

