

## **NEW CLIENT INFORMATION FORM**

C	OMPANY NAME: _		
PIC	KUP ADDRESS: _		
SUBU	RB/POSTCODE _		
POS	TAL ADDRESS: _		
MAIN PH	ONE NUMBER: _		<del></del>
	ABN: _		<del></del>
ACC	OUNTS EMAIL: _		<del></del>
CONTACT NAME	AND NUMBER: _		
	_		
PAYMENT TYPE (	EFT, CHEQUE): _		<del></del>
Do you require		yes please select a password r	no more
Go Logistics tr	ading terms are 7 day	ys from invoice date.	
this is built into		protect your freight whilst in ou ight. You can view our terms ar rvices.	
have read our	policy on Our Guarar	ur fair and understandable cond ntee. You have probably also ha companies, we can fix that for y	nd enough of
NAME	POSITION	SIGNATURE	DATE