

Reverse Garbage Co-Operative Ltd  
Hut 8/142 Addison Rd  
Marrickville NSW 2204  
accounts@reversegarbage.org.au



## New Customer Form

### Your Organisation's Details

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

ABN \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Accounts Receivable Contact

(who shall we send invoices to)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Any other requirements for quotes and invoices?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete & return form to [accounts@reversegarbage.org.au](mailto:accounts@reversegarbage.org.au)

\_\_\_\_\_

### Office Use Only

Entered by \_\_\_\_\_ POS  Xero