





Please complete this form (we recommend using Google Chrome), then save it with your changes and email the completed form to sales@whitespowersports.com.au

CAPRICORN CUSTOMER APPLICATION FORM

| BUSINESS DETAILS | | | |
|--|-------------|--------|--|
| Company or Business Name: | | | |
| Trading Name: | | | |
| Capricorn Number: | A.B.N: | A.C.N. | |
| ADDRESS DETAILS | | | |
| Street No: Str | eet Name: | | |
| Suburb: | | | |
| City: | Post Code: | | |
| | | | |
| CONTACT DETAILS | | | |
| Accounts Tel No: | Accounts Fo | ax No: | |
| Sales Tel No: | Sales Fax N | o: | |
| Contact Person: | Title: | | |
| Accounts Email: | | | |
| Sales Email: | | | |
| | | | |
| MAILING DETAILS (if different from Street Address) | | | |
| Unit/PO Box No: | Street Nam | e: | |
| Suburb: | | | |
| City: | Post Code: | | |
| | | | |