



## NEW CUSTOMER APPLICATION

This is an editable PDF form, please email completed form to [accounts@mrsdscookies.com.au](mailto:accounts@mrsdscookies.com.au)  
Any questions please contact the team on 8351 5066. A completed customer form is required prior to your first delivery.

### BUSINESS DETAILS

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**Company Name** .....

**Trading / Business Name** .....

**Business Address** .....

**Business ABN / ACN** .....

**Business Phone** .....

**Business Email** .....

**Business Trading Hours** .....  
(eg. open/ close hours; Mon-Fri / 7 Days)

**Mobile for SMS Order Reminders** .....  
We know you get busy, so we send a weekly order reminder to this number.

**Delivery Instructions** .....  
Any directions to help the driver best locate and access your business.

**Cash or Account** .....  
If requesting account an additional form will be supplied.

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Unit 4/6-8 Marker Ave, Marlestone SA 5033

T 08 8351 5066 E [hello@mrsdscookies.com.au](mailto:hello@mrsdscookies.com.au) f [mrsdscookies.com.au](https://www.facebook.com/mrsdscookies.com.au)  [mrsdscookies.com.au](https://www.instagram.com/mrsdscookies.com.au)





## NEW CUSTOMER APPLICATION - continued

### ACCOUNT DETAILS

This is the person you want us to speak with regarding payment matters, such as sending invoices, following up overdue payments, credits etc.

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Account Contact Name .....

Account Email .....

Account Phone .....

### OWNER'S DETAILS

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Owner's Name .....

Owner's Mobile .....

Owner's Email .....

### FORM COMPLETED BY

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Name .....

Position .....

Signature .....

Date .....

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If any of your details change, please ensure you let us know as soon as possible so we can keep our records up to date.

**We look forward to working with you.**

Unit 4/6-8 Marker Ave, Marlestone SA 5033

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