



NEW CLIENT INFORMATION SHEET

Please supply the following information so we can add you to our client base.
Please fax/email this form back to 03 54 53 8271 or email
admin@riverinacropcare.com

Client Name:.....

Trading As:.....

Contact Name:.....

Property Name:.....

Address:.....

Phone Number:.....

Fax Number:.....

Mobile Number:.....

Email Address:.....

U.H.F Channel:.....

Preferred Chemical Supplier:.....

**NOTE: Invoices issued on completion of job and are payable 30 days end of month.
All invoices not paid within terms will be charged 2.5% interest.**