

## REGISTRATION FOR PERMANENT BUYER NUMBER

Company Name:							
ABN:	ACN:						
	NOTE: Must have ACN to purchase licenced vehicles in Company Name						
Contact Name NOTE: ONE CARD PER CO		Drivers Licence # Ema  1PANY, PLEASE LIST ALL PURCHASERS B			il Address BELOW		
Postal Address:							
Street Address:							
Phone Number:							
Mobile Number:							
Accounts Payable Er	mail:						
I acknowledge that declare that I am leg		-	derstand th	ne Conditior	ns of Sale and		
Name (Managing Di	rector)	Signature	(Managing	Director)	Date		
PLEASE COMPLETE	THE FORM	AND RETU	RN TO	OFFICE USE	ONLY		

## PLEASE COMPLETE THE FORM AND RETURN TO SMITH BROUGHTON AUCTIONEERS

10 Clayton St, Midland WA 6056

**P:** (08) 9374 9222 **F:** (08) 9274 6669

E: admin@sbauction.com.au

OFFICE USE ONLY

**Permanent Buyer Code:** 

Card Sent: Yes No

Date:

**Staff Member:**