

# CASUAL LEASING NEW CLIENT FORM

## CLIENT DETAILS

BOOKING DATE:

CENTRE:

COMPANY NAME:

TRADING NAME:

TYPE OF BUSINESS:

ABN:

TYPE OF CLIENT:

RETAILER

LEAD GENERATION

PRODUCT LAUNCH

OTHER

TYPE OF SERVICE:

ROAMING

CML SITE

BRANDING

EXPERIENTIAL

PARTNERSHIP

CONTACT NAME:

TELEPHONE:

FAX:

MOBILE:

EMAIL:

BUSINESS ADDRESS:

PAYMENT METHOD:

CASH

CHEQUE

DIRECT DEPOSIT

PAYMENTS TO BE CLEARED INTO STOCKLAND'S ACCOUNT **7 DAYS PRIOR** TO SETUP DATE IN CENTRE

## SETUP REQUIREMENTS

DISPLAY UNITS:

POWER REQUIRED:

## INSURANCE DETAILS

INSURANCE COMPANY:

POLICY NUMBER:

EXPIRY DATE:

DOCS REQUIRED:

PUBLIC LIABILITY INSURANCE (MINIMUM \$20 MIL) PLUS SIGNED COPIES OF LICENSE AGREEMENT AND T&C



Stockland

Stockland Business & Brand Engagement

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