

Pedley Slurry Service Limited: Client Contact Form

Business Name:		Office
Primary Contact: Name		
Phone(s):		
e-mail:		
Secondary Contact: Name		
Phone(s):		
e-mail:		
How would you like to receive invoices / information?	E-mail <input type="checkbox"/> Post <input type="checkbox"/>	
What service do you require? (please circle all)	Pond / Sump / Tank / Solids / Spreading / Injecting / Other _____	
If you have holding facilities please provide approx size (m ³):		
Effluent Consent Number(s):		
How often do you expect to use our services?	Monthly <input type="checkbox"/> 6 Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> 2 Yearly <input type="checkbox"/> Other <input type="checkbox"/> _____	
Which month(s) do you prefer?		
Postal Address: (for invoices)		
Street Address(es), including any Dairy Number(s): (Job sites / Farms)		
50 /50 Share? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide partner's name, phone & address:	
GST number:		
Any other Comments?		
Office:		