



Client Information

**Once completed, please return to E: accounts@hhaassociates.co.nz
or post to PO Box 75, Geraldine 7956**

Company Name

Trading Name

Management Contact

Accounts Contact

() _____
Work Phone

() _____
Facsimile

() _____
Work Phone

() _____
Facsimile

Email

Email

Email for Invoices and Statements

Payroll Contact

Accountant Contact

() _____
Work Phone

() _____
Facsimile

() _____
Work Phone

() _____
Facsimile

Email

Email

Postal Address

Delivery Address

City

Postcode

City

Postcode

Website

I authorize that all the information given is correct and I am assured that HHA Associates Limited will keep our company details in the strictest confidence, unless authorized by Management of the above company.

Signature

Name

Date