

Lightsview Customer Details Form

All new customers of Lightsview Rewater Supply Co are required to complete this form and return by:

Post: Water Utilities Australia
 Suite 1005, 147 Pirie Street
 ADELAIDE SA 5000

Email: info@wua.com.au

Fax: +61 8 7999 7599

Note: Where indicated with * these fields must be completed.

Customer Type *	<input type="checkbox"/> Home Owner <input type="checkbox"/> Developer <input type="checkbox"/> Body Corporate <input type="checkbox"/> Builder
Title (Messrs/Mr/Mrs/Ms/Miss/Dr/Prof)	
Given Name/s *	
Surname/s *	
Phone (bh)	
Phone (ah) *	
Phone (mobile) *	
Email *	
Property Address *	
Billing Address * (if different from above)	
Current upon completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please contact us with your future address
ABN	
Authentication - Date of Birth *	
Preferred Method of Invoicing	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Method of Communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Will the property be tenanted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to deal directly with your agent / builder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate Agent Details	
Agent Contact Name	
Agent Contact Number	
Builders Details	
Builders Contact Number	
Timeframe for completion	

Internal Use Only

Date Received	Date Entered	Customer No	Audit No	Meter No
Employee Name		Employee Initial		