

SUPPLIER DETAIL FORM

To: Fruit King Wholesale
PO Box 181
Brisbane Market Qld 4106

Trading Name:	
ABN:	

Business Address:			
	State		Post Code

Contact:		
Phone Number:		
Fascimile Number:		
Email:		

Pickup Address:			
	State		Post Code

Signature:	
Printed Name:	
Title / Position:	
Date:	

1. Complete and print form 2. Sign and fax to 07 3379 4250.