



BUSINESS CUSTOMER FORM

*To be completed and returned to Shindigs for authorisation

Business Name:.....

ABN:.....

Contact Person:

Business Address:

.....

Business Phone:.....

Email:.....

Nature of Business:

☐ Retail ☐ Hospitality/catering ☐ School ☐ Club/ Pub/Hotel

☐ Charity ☐ Social Club

☐ Other (please specify):.....

.....

Please tick one-

☐ I have already created an account

Account name:.....

☐ I have not created an account

Please go to www.shindigs.com.au to create an account. Once you have, please email us (webstore@shindigs.com.au) and we will add your discounts to your profile.