

CUSTOMER REGISTRATION

Business/Individual Information

BUSINESS NAME:					
TRADING NAME					
ABN:					
STREET ADDRESS:					
SUBURB:		STATE:		POSTCODE:	
TELEPHONE:					
EMAIL:					
TYPE OF BUSINESS:					

Accounts Information

POSTAL ADDRESS: (IF DIFFERENT TO ABOVE)					
SUBURB:		STATE:		POSTCODE:	
ACCOUNTS PAYABLE CONTACT:					
EMAIL ADDRESS FOR INVOICES/STATEMENTS:					
ACCOUNTS PAYABLE CONTACT NUMBER:					
BANK NAME & BRANCH:					

Purchase Orders

DO YOU ISSUE PURCHASE ORDERS FOR ALL WORK	YES/NO
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How you found out about us?
(Google, word of mouth, advertisement etc.)

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PAYMENT TERMS

For new clients we require payment prior to commencing work. To apply for a Credit Trading Account please complete our Credit Application form. Contact accounts@microanalysis.com.au for a copy of this form.

I/We certify that the above information is correct and hereby agree to the payment terms stated above.

SIGNATURE:		POSITION:	
NAME:		DATE	

FOR OFFICE USE ONLY

FILEMAKER:		MYOB:		MAIL CHIMP:		EXCEL:	
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PLEASE RETURN COMPLETED FORM TO accounts@microanalysis.com.au