**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 |

|  |  |
| --- | --- |
| **How you found out about us?****(Google, word of mouth, advertisement etc.)** |  |

**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: |  |

**PLEASE RETURN COMPLETED FORM TO** **accounts@microanalysis.com.au**