

New Customer Application Form

Business Name: _____

ABN: _____ Year of Registration _____

Entity Type: _____

Trading Name: _____

Date Trading Commenced: _____

Company Website: _____

Business Description: _____

Contact Details: - Addresses:

Physical Address/Delivery Address:

Street Address: _____

Suburb _____

State/ Postal Code _____

Billing Address:

Postal Address: _____

Suburb _____

State/ Postal Code _____

Business Contacts:

Primary Contact:

Name: _____

Landline: _____ Mobile _____

Email: _____

Position _____

Secondary Contact:

Name: _____

Landline: _____ Mobile _____

Email: _____

Position _____

Technical Contacts:

(1) Name: _____ Position: _____

Landline: _____ Mobile _____

Email: _____

(2) Name: _____ Position _____

Landline: _____ Mobile _____

Email: _____

Administrative/Billing Contacts:

(1) Name: _____ Position _____

Landline: _____ Mobile _____

Email: _____

(2) Name: _____ Position _____

Landline: _____ Mobile _____

Email: _____

Director's Details:

(1) First name: _____ Surname: _____

Landline: _____ Mobile _____

Email: _____

Acceptance of Terms and Conditions of CCTS IT Solutions as per our website: <http://www.ccts.com.au/Terms-Conditions> Please circle: YES or NO

Acceptance I, _____, director of (Business Name) _____
advise all the information above is true and correct and have accepted the terms and conditions of CCTS IT Solutions as stated on their website.

Director's Signature

CCTS IT Solutions:

Printed Full Name: _____

Full Name: _____

Signed: _____

Signed: _____

Date: _____

Date: _____