

Air-Met Scientific Account Application Form

Return by fax to: 03 9894 2547 or Email to: accounts@airmet.com.au



* Compulsory Field	
* Business Type: <input type="checkbox"/> Sales <input type="checkbox"/> Service <input type="checkbox"/> Rental	
* Account Type: <input type="checkbox"/> Cash <input type="checkbox"/> Credit	
Company Information	
Business Name	
ABN*	
Type of Business	
Year Established	
Delivery Address	No. & Street: Suburb: State: Post Code:
Email (General)	
Estimated Monthly Purchases	\$
Invoicing Information	
Postal Address *	No. & Street: Suburb: State: Post Code:
Email (Accounts) *	
Accounts Contact Name	
Position	
Accounts Contact No. *	
Fax No.	
Company Directors	
Name:	Name:
Private Address:	Private Address:
Telephone:	Telephone:
Credit References	
Company:	
Address:	
Contact:	Telephone:
Company:	
Address:	
Contact:	Telephone:
I/We acknowledge that we have read and accept the terms and conditions of sale of this application with Air-Met Scientific Pty Ltd.	
Authorised Signature*	Name: Position: Date:
Office Use Only	
Checked:	Credit Limit:
Approved:	Account No:
Rep Code:	Date Entered:
Remarks:	