

All fields must be completed. Please fax by return to 09 3798210.

COMPANY DETAILS

Full Legal Name: _____
 Trading As: _____
 Postal Address: _____

 Physical Address _____

 Telephone: _____ Facsimile: _____
 Nature Of Business: _____ Year Established: _____
 Company Status: Public / Private / Partnership / Sole Trader *(Delete Those Not Applicable)*

Directors / Partners / Proprietors / Principals

Name _____ Telephone _____
 Address _____
 Name _____ Telephone _____
 Address _____

I.T. Contact

Name _____ Telephone _____
 Email Address _____

Accounts Contact

Name _____ Telephone _____
 Email Address _____
 Will A Purchase Order Be Required For All Work Undertaken? Yes / No
 Who In Your Organisation Is Authorised To Request Work?
 1. _____
 2. _____

TRADE REFERENCES

Company _____ Telephone _____
 Contact _____
 Company _____ Telephone _____
 Contact _____

AGREEMENT

I have read and agree to the Kinetics' Terms and Conditions (viewed online at www.activiser.com). I am authorised to open this account and supply the above information, which I certify to be complete, accurate and true in all detail.

Name _____ Signature _____
 Position _____ Date _____

Office Use Only	R		AM		Entered
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