AUSTRALIAN Clinicallabs | Commercial Pathology

Further information:
13LABS (13 52 27) | clinicallabs.com.au

# (COVID 19 ONLY) ACCOUNT APPLICATION FORM

PLEASE USE BLOCK LETTERS

## 01. CLIENT DETAILS

COMPANY NAME

ADDRESS

CITY / SUBURB | STATE | POSTCODE

CONTACT TELEPHONE NUMBER | FAX NUMBER | MOBILE

CLIENT CONTACT

CONTACT EMAIL ADDRESS

ESTIMATED VOLUME OF TESTING (WHERE APPLCABLE)

BASED
State ☐ National ☐

## 02. COMPANY INFORMATION

TYPE OF BUSINESS

IF DIVISION / SUBSIDIARY, NAME OF PARENT COMPANY

NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR INVOICING / PAYMENTS

ADDRESS

CITY / SUBURB | STATE | POSTCODE

## 03. RESULT DELIVERY

NAME OF PERSON RECEIVING RESULTS

METHOD OF DELIVERY (WEB BASED, FAX, HARD COPIES, MEDICAL SOFTWARE OR COMBINATION

I/We declare that the above information is true, correct and complete and is given to induce Australian Clinical Labs to extend credit. I/We authorise Australian Clinical Labs to make such credit investigation as the company sees fit, including obtaining credit reports. I/We agree that upon obtaining the account with Australian Clinical Labs, the net payment of the account will be strictly 30 days upon the invoice date.

I/We declare that the above information is true, correct and completed to the best of my/our knowledge and is given to induce Australian Clinical Labs to deliver results. I/We will inform Australian Clinical Labs of any changes as they become available.

NAME OF COMPANY SIGNATORY

AUTHORISED SIGNATURE

DATE OF SUBMISSION
D D / M M / Y Y Y Y

## 04. FOR OFFICE USE ONLY

STATE | ACCOUNT MANAGER | DATE OF SUBMISSION
D D / M M / Y Y Y Y