



Credit Account Application Form

ALL FIELDS are mandatory and must be completed in full in block letters.

Please return to Customer Service via email to diagnostics@asurequality.com.

For terms & conditions of trade please refer to https://www.asurequality.com/about/terms-of-business/

Company:			Trading Name:				
Ро	stal Address:						
Ph	one:	Fax:					
Str	eet Address:						
Tvr	e of Business: (circle one or more)						
	erinary Diagnostics Medical Diagnostics R	esearch I I abor	atory Distributor G	overnment F	Riosecurity I Dairy	I Food I Meat I	
	eds Stock Feed Environmental Other:	esearch Labor	atory Distributor O	overninent L	Dioseculty Daily	1 ood Weat	
ABN/Company Reg # (if applicable):		Payme	Payment preference: ☐ Credit Card ☐ Bank Transfer/			k Transfer/ EFT	
Contact Name & Position: (Technical)			Contact Name & Position: (Account Enquiries)				
Phone:			Phone:				
Mobile:			Mobile:				
Fax:			Fax:				
Email:			Email:				
	Full Name ar	nd Addresses of	Proprietors / Director	rs / Partners			
Name:			Address:				
Name:			Address:				
	PI	lease provide thr	ree Trade Reference	S			
	Company Name		Contact Name	-	Telephone	Email	
1							
2							
3							
to yo	hereby irrevocably authorise any person or cour Account. I/We further authorise you to fur may have with you as a result of this application on the website https://www.asurequalit	urnish to any thin ation being action	rd party details of thi oned. I/We hereby ag	is application gree to Asure	and any subseque Quality's current	uent dealings that terms of business	
Signature of DirectorNa		Name of Di	irector		Date		
Signature of Director		Name of Di	irector		Date		
For A	AsureQuality use only						
Ассо	unt Check Completed			Date			
Approved By		Position		Date			