

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 Details

Company:		Trading Name:	
Department:			
Street/Postal Address:			
Phone:		Fax:	
ABN/Company Reg # (if applicable):	Payment preference:		<input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Transfer/ EFT
Contact Name & Position: (Primary)		Contact Name & Position: (Technical)	
Phone:		Phone:	
Mobile:		Mobile:	
Fax:		Fax:	
Email:		Email:	
Type of Business: <i>(circle one or more)</i>			
Veterinary Diagnostics Medical Diagnostics Research Laboratory Distributor Government Biosecurity Dairy Food Meat Seeds Stock Feed Environmental Other:			

Billing Address

Street/Postal Address:		
Department:		Building:
City:	State:	Postcode
Accounts contact:	Phone:	Email:

Shipping Address same as Billing? Yes No (complete below)

Shipping Address

Street Address:		
Department:		Building:
City:	State:	Postcode:
Procurement contact:	Phone:	Email:

Where shall we send invoices? Company address Billing Address Both Other:

Declaration of use:

Please confirm how you use the products you currently purchase from AsureQuality Diagnostics. Please tick all that apply:
 in-vitro *in-vivo* Veterinary Diagnostics Academic Research Biotechnology Product Development Medical Research
 Agriculture Other: (Please specify): _____

I would like to receive the following information from AsureQuality Diagnostics. Please tick all that apply:
 New product releases Current Promotions Technical Notes
 Other (Please specify): _____

I/We hereby agree to AsureQuality's current terms of business or those negotiated and agreed to in writing.

Signature of authorised officer: Name of authorised Officer

Date: Position: