

## Client Portfolio

Thank you for choosing AMA to manage your telecommunication, electricity, gas and business insurance. Please complete all applicable fields below so that we are able to start processing the service requirements.

### General Client Profile

Company Name:

Shop/Restaurant name:

ABN:

ACN:

Full Site Address:

Authorised Contact:

Name:

Date of Birth:

Mobile Number:

Email address:

Driver's Licence:

Number:

State:

Expiry date:

Store Opening Date:

Personal home address for hardware delivery:

### Business Insurance (if applicable)

Business location:

Business Turnover Estimate:

Anticipated Insurance start date:

### Telecommunications

NBN Required

Yes / No

Billing Email Address:

### Gas

MIRN/Meter number required:

### Electricity

NMI/Meter number required:

If more than one entity, please include additional company details:

Company Name:

Representative:

ABN:

ACN:

Full Site Address:

Company Name:

Representative:

ABN:

ACN:

Full Site Address:

Company Name:

Representative:

ABN:

ACN:

Full Site Address:

Company Name:

Representative:

ABN:

ACN:

Full Site Address:

**TYRO Merchant Facility:** Yes / No

**Commercial Kitchen Equipment:** Yes / No

If "Yes", please email list requirements for quoting to sales@accountmanagementaustralia.com

Above details provided by: \_\_\_\_\_

Signature: \_\_\_\_\_



Date \_\_\_\_\_