

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.

Company Name:	If more than one entity, please include additional company details:
Shop/Restaurant name:	Company Name:
ABN:	Representative: ABN:
ACN:	ACN: Full Site Address:
Full Site Address:	Company Name:
Authorised Contact:	Representative: ABN: ACN:
Name:	Full Site Address:
Date of Birth:	Company Name:
Mobile Number:	Representative: ABN:
Email address:	ACN: Full Site Address:
Driver's Licence:	
Number:	Company Name: Representative:
State:	ABN: ACN:
Expiry date:	Full Site Address:
Store Opening Date:	
Personal home address for hardware delivery:	
Business Insurance (if applicable)	TYRO Merchant Facility: Yes / No
Business location:	
Business Turnover Estimate:	Commercial Kitchen Equipment: Yes / No
Anticipated Insurance start date:	Commercial Ritelien Equipment. 1637 140
Telecommunications	If "Yes", please email list requirements for quoting to sales@accountmanagementaustralia.com
NBN Required Yes / No	
Billing Email Address:	
Gas	Above details provided by:
MIRN/Meter number required:	
	Signature:
Electricity NMI(Mater popular acquired)	
NMI/Meter number required:	Date
p. +61 1300 988 960	PO Box 5990 Your Business, Our Priority Maply Old 4179

e. admin@accountmanagementaustraila.com 477 Boundary St, Spring Hill, Qld 4000

General Client Profile

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