



New Customer Application Form

Please complete form online

Form to be completed in full and authorised prior to being faxed to 07 3391 0135

Company Details:

| | | | |
|---------------|----------------------|--------------|----------------------|
| Company name: | <input type="text"/> | Entity type: | <input type="text"/> |
| Trading as: | <input type="text"/> | ABN: | <input type="text"/> |
| ACN: | <input type="text"/> | Website: | <input type="text"/> |

Contact details - Company address

| | | | |
|-----------------|----------------------|-----------|----------------------|
| Building name: | <input type="text"/> | Suburb: | <input type="text"/> |
| Street No: | <input type="text"/> | State: | <input type="text"/> |
| Street address: | <input type="text"/> | Postcode: | <input type="text"/> |

Contact details - Postal address

| | | | |
|-----------------|----------------------|-----------|----------------------|
| Street No: | <input type="text"/> | Suburb: | <input type="text"/> |
| PO Box: | <input type="text"/> | State: | <input type="text"/> |
| Street address: | <input type="text"/> | Postcode: | <input type="text"/> |

Primary contact

| | | | | | |
|------------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------------|----------------------|
| Name: | <input type="text"/> | Job Title: | <input type="text"/> | | |
| Office location: | <input type="text"/> | Email: | <input type="text"/> | | |
| Office Phone No: | <input type="text"/> | Mobile No: | <input type="text"/> | Fax No: | <input type="text"/> |
| Preferred method of contact: | <input type="checkbox"/> Office phone | <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Email | <input type="checkbox"/> Fax | |

Secondary contact

| | | | | | |
|------------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------------|----------------------|
| Name: | <input type="text"/> | Job Title: | <input type="text"/> | | |
| Office location: | <input type="text"/> | Email: | <input type="text"/> | | |
| Office Phone No: | <input type="text"/> | Mobile No: | <input type="text"/> | Fax No: | <input type="text"/> |
| Preferred method of contact: | <input type="checkbox"/> Office phone | <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Email | <input type="checkbox"/> Fax | |

Accounts contact details

| | | | | | |
|------------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------------|----------------------|
| Name: | <input type="text"/> | Job Title: | <input type="text"/> | | |
| Office location: | <input type="text"/> | Email: | <input type="text"/> | | |
| Office Phone No: | <input type="text"/> | Mobile No: | <input type="text"/> | Fax No: | <input type="text"/> |
| Preferred method of contact: | <input type="checkbox"/> Office phone | <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Email | <input type="checkbox"/> Fax | |

6YS New Customer Application Form

Business details

Business description:

Date business commenced trading:

Directors details Director 1

Firstname:

Surname:

Email:

Office Phone No:

Mobile No:

Fax No:

Director 2

Firstname:

Surname:

Email:

Office Phone No:

Mobile No:

Fax No:

Director 3

Firstname:

Surname:

Email:

Office Phone No:

Mobile No:

Fax No:

Trade reference details Reference 1

Company name:

Contact name:

Email:

Office Phone No:

Mobile No:

Fax No:

Reference 2

Company name:

Contact name:

Email:

Office Phone No:

Mobile No:

Fax No:

Reference 3

Company name:

Contact name:

Email:

Office Phone No:

Mobile No:

Fax No:

6YS New Customer Application Form

Public officer details

| | | | | | |
|------------------|----------------------|------------|----------------------|---------|----------------------|
| Name: | <input type="text"/> | Job Title: | <input type="text"/> | | |
| Office location: | <input type="text"/> | Email: | <input type="text"/> | | |
| Office Phone No: | <input type="text"/> | Mobile No: | <input type="text"/> | Fax No: | <input type="text"/> |

6YS Services required

Please tick the 6YS services required

- | | | |
|--------------------------------------------------------------|---------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> SAAS - Software as a service | <input type="checkbox"/> Email | <input type="checkbox"/> Additional Hosting |
| | <input type="checkbox"/> Basic | <input type="checkbox"/> Web |
| | <input type="checkbox"/> Standard | <input type="checkbox"/> FTP |
| | <input type="checkbox"/> Advanced | <input type="checkbox"/> DNS |
| | | |
| <input type="checkbox"/> Professional Services | | |

Client specific request or other:

6YS Sales and Support

Do you require any of the following assistance with the establishment of your business on the 6YS

- Follow up from a member of the 6YS sales team
- Follow up from a member of the 6YS support team
- Follow up from a member of the 6YS professional services team

Authorisation code

The purpose of this code is to ensure that all work conducted by 6YS for your business is approved by your business. The basis of the code is similar to the principle of an ATM pin number, for all account actions that require authorisation you will be required to include your business authorisation code.

Authorisation code: Referral code:

Authorisation

Name: Position:

Signature: _____ Date: Phone number:

6YS Office use only

Cust ID Sales Support PS Accounts

Approved Customer established