

Please complete and return this form to the Eurofins | Environment Testing Accounts Department

Phone: +61 3 8564 5000 | Email EnviroReception@eurofinsanz.com

New Client - Account Approval Process

Credit Account: Ensure Section A & B (pages 1 & 2) are completed in full. When applying for a 30 Day credit account, a credit check will be performed using CreditorWatch. If your account is approved you will be notified by email stating the account is ready for use. An ASM (Analytical Services Manager) will be assigned for any subsequent enquiries, or contact our Reception Team at the phone number above for further assistance. **COD Account:** Complete Section A (page 1) and return to our Accounts Team at the details above.

SECTION A	TO BE COMPLETED BY ALL CLIENTS			Page 1 of 2		
Company / Business Name*		ABN / ACN				
Trading Name*		NBN / NZBN				
Business Address*		Post Code*				
Postal Address*		Post Code*				
Contact Name*						
Email Address*						
Phone Number*		Fax Number				
Mobile Number*						
Signature of Applicant*		Date*				
Name of your Eurofins Contact						
INVOICE / STATEMENT	TO BE COMPLETED BY ACCOUNTS PAYABLE DEPARTMENT					
Contact Name for Invoices						
Email Address for Invoices*		Phone Number				
Email Address for Statements*						
Email Address for PO's*		Is a PO Number Mandatory for Invoicing?*	YES		NO	
Does your Company / Corporation use an invoice platform for submitting & delivery of invoices?			YES		NO	
Name of Invoice Platform						
IMPORTANT: If your company uses an invoice platform, please contact EnviroReception@eurofinsanz.com directly and ensure relevant training and access is provided to Eurofins staff for this arrangement to be set up.						

Eurofins Use Only

ELVIS / LIMS		ABN Check		Approval Sent		Reviewed / Approved By	
MYOB		Trade Ref		Client Database		Internal Client (Eurofins)	
ELE		L3		BU			

SECTION B (Part 1)		MUST BE COMPLETED IF APPLYING FOR A 30 DAY CREDIT ACCOUNT			Page 2 of 2
Contact Name					
Position					
Email Address					
Phone Number					
Company Website					
Nature of Business					
Date of Incorporation					
Parent Company (if any)					
Previous Business Name/s (if any)					
SECTION B (Part 2)		CREDIT REFEREES			
1	Contact Name*				
	Company*				
	Phone Number*		Email Address*		
2	Contact Name*				
	Company*				
	Phone Number*		Email Address*		
3	Contact Name				
	Company				
	Phone Number		Email Address		
Maximum Credit Required^		\$			^Amounts payable within 30 days from the invoice date
Is the applicant a trustee for any trust?*		YES		NO	
Name of Director/s or Proprietors					
1					
2					
3					

DECLARATION				
<p>I hereby authorise Eurofins to investigate the listed ABN pertinent to my credit worthiness. I agree to abide by the terms and conditions of Eurofins (attached). I agree to pay Eurofins invoices within payment terms and relevant legal fees in the event of unreasonable non-compliance to payment terms.</p>				
<p>I have read the Eurofins Environment Testing Terms & Conditions</p>				
Signature of Applicant*				
Full Name*		Date*		
Company*		Title*		