

# **CUSTOMER APPLICATION FORM**

#### Step 1 Choose services

- Electrical testing and tagging
- Minor repairs/replacements as needed
- Microwave Leakage testing
- RCD Testing Portable RCDs
- Thermal imaging of switchboards
- Other Please specify below:



## Step 2 Choose a date & time

What is your preferred date for our visit?

What is your preferred time for our visit?

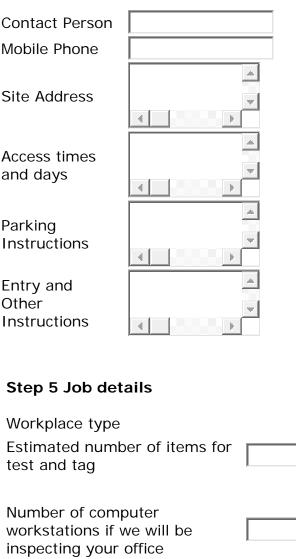
#### Comments



#### Step 3 Your details

Your Name	
Business Name	
Phone Number	
Email address	
Postal Address	
Suburb	
State	
Postcode	

#### Step 4 Site details



Do you require all plug-in appliances on-site to be inspected?

Yes No

If no, please list exclusions:



Would you like us to do minor Yes repairs as we inspect? No



Computers requiring electrical testing must be shut down for about 3 minutes each. Can your PCs be shut down during our visit? Please select:

Yes, we will advise all staff to shut down computers for testing and inspection.

Please provide only visual inspection of

computers (No shutdown – minimal impact)

### Step 6 Billing details

Please select your preferred payment method:

- Visa
- Mastercard
- Cheque
- Bank Transfer

Accounts Contact Accounts Phone

Please note that payment is required on completion of work

### Step 7 Submit your request

Where did you hear about ABC?

Please check the details you have provided, and then submit your request.



ABC Terms and Conditions (PDF)

Person authorising work

(Full name)

 I acknowledge that I have read and accepted ABC's Terms and Conditions

Please note that all fields are required except comment fields