

New Customer Agreement

New Customer Account Details <i>Please complete all fields</i>	
Customer Details	
Company Name	
Business Number	
Address	
Account Holder Contact Details	Full Name
	Phone number
	Email Address
Accounts Payable Contact Details	Full Name
	Email
PO Number Issuer <i>PO numbers must be provided if they are required for invoicing purposes.</i>	Full Name
	Phone Number
	Email
SENSITIVE information Contact Details <i>The person that is required to receive any drug tests, health monitoring reports or escalation results.</i>	Full Name
	Email Address
	Phone Number

Payment Terms
In setting up this account, we agree to Baseline Medicals pricing and payment terms. Payment is due as invoiced, late payment may result in late payment fees of 10% of the invoice total being added to your account on a monthly payment

Account Set Up Authorisation	
In completing this agreement and setting up an account with Baseline Medicals, we agree with all terms and will ensure that contact details are kept up to date.	
Full Name	Company Position
Signature	Date

Completed forms to be sent to admin@baselinemedicals.com