

ADLForms / ADLInspect Application



A.D. Liddle Pty Ltd t/as A.D.L. Software (ABN 45 009 896 628)

Client Details

Please ensure these details are written exactly as you wish them to appear on printed forms.

Company Name:

Trading As:

Street Address:

Phone: State: Post Code:

Fax:

Company Email:

Billing/Postal Address:

If Same as Street Address
Please Leave Blank

State: Post Code:

Contacts

	Name	Required Where Applicable	Email	Required Where Applicable
Principal/Owner:	<input type="text"/>		<input type="text"/>	
Accounts Manager:	<input type="text"/>		<input type="text"/>	
Sales Manager:	<input type="text"/>		<input type="text"/>	
Property Manager:	<input type="text"/>		<input type="text"/>	

Registration

Business Type: Please Tick Only One

<input type="checkbox"/> Real Estate Office	<input type="checkbox"/> Commercial Real Estate Office
<input type="checkbox"/> Property Management Office	<input type="checkbox"/> Solicitor
<input type="checkbox"/> Limited Letting Agent	<input type="checkbox"/> Training Institute
<input type="checkbox"/> Other: <input type="text"/>	

States Required:

<input type="checkbox"/> NSW	<input type="checkbox"/> VIC
<input type="checkbox"/> QLD	<input type="checkbox"/> WA *
<input type="checkbox"/> SA *	
<input type="checkbox"/> TAS *	

Packages Required:**

<input type="checkbox"/> Residential Sales
<input type="checkbox"/> Residential Property Management
<input type="checkbox"/> Commercial
<input type="checkbox"/> ADLInspect

* Limited packages available in these states, check the ADL website for details.
 ** Each Business Type includes standard packages as part of the normal fee. Packages required that are not part of your Business Type will attract additional charges. Please refer to the appropriate ADL price list for further information.

Payment

<input type="checkbox"/> Credit Card (cardholder must sign Authorisation) Card #: <input type="text"/> Expiry: <input type="text"/> / <input type="text"/> (mm/yy) Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANKCARD Name: <input type="text"/> Please fax this form to (07) 3861 0830.	<input type="checkbox"/> Electronic Funds Transfer Account Name: ADL Software BSB: 084-123 Account Number: 48-260-8464 Reference: your Company Name (as shown on this Application Form) Please fax to (07) 3861 0830.	<input type="checkbox"/> Cheque Please post this form and cheque to: ADL Software P.O. Box 364 Wilston QLD 4051
Payment Details: Please Tick Only One <input type="checkbox"/> Subscribe for 12 Months 1.00% of proceeds (excl. GST) will be donated to Camp Quality <input type="checkbox"/> Subscribe for 13 Months 5.00% of proceeds (excl. GST) will be donated to Camp Quality	Fee: <input type="text"/> (Normal Fee); OR <input type="text"/> (Normal Fee / 12 x 13)	Authorisation: Signature:
		Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

How Did You Hear About Us:

<input type="checkbox"/> Magazine Advert	<input type="checkbox"/> Internet Search	<input type="checkbox"/> ADLForms News Flash (Email)
<input type="checkbox"/> Used ADLForms Previously	<input type="checkbox"/> Training Group	<input type="checkbox"/> Word Of Mouth
<input type="checkbox"/> Other: <input type="text"/>		

	You may use the Camp Quality Donation/Support Form to make direct donations or to get more information on how to help bring hope and happiness into the lives of children with cancer	Office Use Only Partner: Ref No.: Name: Signature:
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A Tax Invoice/Receipt will be forwarded to you.

P.O. Box 364, Wilston, QLD 4051
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