

**ON-LINE CUSTOMER REGISTRATION FORM**

Please complete the information below and fax or email to Customer Service on (02) 9420 9177 , Toll Free Fax 1800 100 013 or orders@phebra.com.

<b>Customer Name:</b>	
<b>Phebra Account Number (office use only):</b>	
<b>Are you a wholesaler?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Accounts / Billing</b>	
<b>Company Name</b>	
<b>Contact Person</b>	
<b>A.B.N</b>	
<b>Address 1</b>	
<b>Address 2</b>	
<b>City</b>	
<b>State</b>	
<b>Post Code</b>	
<b>Country</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>e-mail</b>	

<b>Delivery Address</b>	
<i>(If same as Accounts / Billing, please write "As Above")</i>	
<b>Company Name</b>	
<b>Contact Person</b>	
<b>Address 1</b>	
<b>Address 2</b>	
<b>City</b>	
<b>State</b>	
<b>Postcode</b>	
<b>Country</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>e-mail</b>	

<b>Trade References (Not required for established Phebra customers)</b>			
<b>Company Name</b>		<b>Contact Person</b>	
<b>Phone</b>		<b>Approx. monthly spend</b>	

<b>Company Name</b>		<b>Contact Person</b>	
<b>Phone</b>		<b>Approx. monthly spend</b>	

<b>Office Use Only</b>			
<b>Phebra Account No.</b>		<b>Customer Password</b>	
<b>Entered onto website <input type="checkbox"/></b>	<b>Date:</b>	<b>Signed</b>	

Please be advised that by completing and submitting the form you are agreeing to Phebra's payment terms of 14 days from date of invoice.

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Phebra Pty Ltd  
 332 Burns Bay Road, Lane Cove NSW 2066 Australia  
 Locked Bag 3003, Hunters Hill NSW 2110 Australia  
 T +61 (0)2 9420 9199 F +61 (0)2 9420 9177 W www.phebra.com

ABN 77 695 661 635