RIC Solutions Pty Ltd
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ACN 633 410 027

New Client Form

Client Information

Legal Name of Entity

Business Name (If applicable)

ACN

ABN / NZBN

Registered Business Address

Postal Address

Phone Number

Email

Who is (are) the Primary Contact(s)

Position

Phone Number

Email

Invoicing Information

Is an invoice platform used for the business? Yes No

If yes, please provide contact name & details for the invoice platform used.

Contact Name & Position for Invoices

Email

Contact Name & Position for Statements

Email

Declaration

I hereby authorise RIC Solutions and their employees to investigate the references pertinent to my credit worthiness. I agree to pay all reasonable collection and legal fees in the event such actions are deemed necessary by RIC Solutions.

Signature

Date

Print Name

Title