



TELEPHONE ADVISORY SERVICE ORDER FORM

ARE YOU A NEW OR EXISTING CLIENT? NEW EXISTING

Company Name: ACN:

Billing Address:

Telephone No: Fax No: Mobile:

E-mail Address:

Industry/Business: No. of Employees:

Estimated Cost: \$

Primary User Name	Primary User Position

Other User Names (\$50.00 ex GST per additional user)	Other User Names (\$50.00 ex GST per additional user)
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Please attach a list of contacts and addresses if there is insufficient space.

Commencement Date:/...../.....

Signature:

Name in Block Letters:

Position:

Date:/...../.....

Please post or fax this form to: Ms Melissa Trowbridge
 EMA Consulting Pty Ltd
 1st Floor, 82 Waymouth Street
 ADELAIDE SA 5000
 Telephone: (08) 8221 6665
 Facsimile: (08) 8221 6660

An invoice will be issued – pro-rated until 30 November.
Please do not forward payment until the invoice has been issued.

EMA USE ONLY			
Yearly subscription	\$	Invoice raised/...../.....
Pro-rata amount	\$	Invoice number
New matter created in OP/...../.....	Invoice sent to client	<input type="checkbox"/> yes
Matter number	Copy of invoice filed	<input type="checkbox"/> yes
Additional users entered in OP	<input type="checkbox"/> yes	Copy of invoice to products	<input type="checkbox"/> yes
No of employees entered in OP	<input type="checkbox"/> yes	Added to TAS spreadsheet	<input type="checkbox"/> yes
Introducing consultant entered OP	<input type="checkbox"/> yes	Order form filed & scanned	<input type="checkbox"/> yes