

# eForms ORDER FORM

## Customer Details

Licensee Name	<input type="text"/>		
Licensee Number	<input type="text"/>		
Trading Name	<input type="text"/>		
A.C.N	<input type="text"/>	A.B.N	<input type="text"/>
Street Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Contact Name	<input type="text"/>	Alt. Contact	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Accounts Email	<input type="text"/>
Website	<input type="text"/>	Agency ID	<input type="text"/>

### eForms - Annual Charge\*

Please select the product required by ticking the appropriate box:

	<input type="checkbox"/>	EAC Members	<input type="checkbox"/>	Non Members
<b>Sales Forms</b> - includes Residential, Rural, Business & Commercial	<input type="checkbox"/>	\$249.00	<input type="checkbox"/>	\$275.00
<b>Property Management Forms</b> - includes Residential & Commercial	<input type="checkbox"/>	\$249.00	<input type="checkbox"/>	\$275.00
<b>Both Sales &amp; Property Management Forms</b>	<input type="checkbox"/>	\$479.00	<input type="checkbox"/>	\$529.00
<b>Pay per Form</b> - plus form usage which is charged monthly on Account	<input type="checkbox"/>	\$55.00	<input type="checkbox"/>	\$66.00
<b>Platinum Package - Both Sales &amp; Property Management Forms</b>	<input type="checkbox"/>	Included		

\* The Product Charge is based on a per site basis and is for a twelve (12) month subscription and includes practice and technical support.  
 All pricing is inclusive of GST.

By signing this form, the Customer acknowledges that he/she is entering into this legally binding agreement which includes all terms in this form as well as the terms and conditions entitled 'TERMS AND CONDITIONS FOR PURCHASE OF EFORMS' (the 'Supply Terms') contained on the EAC website at [www.eac.com.au/terms.aspx](http://www.eac.com.au/terms.aspx), and by signing this agreement the Customer acknowledges that the supply terms form part of the agreement and that he/she has read and agrees to be bound by them. If signing on behalf of a company, the signatory warrants that he/she is authorised to bind the Customer to this Agreement.

<input type="checkbox"/>	Principal
<input type="checkbox"/>	Partner
<input type="checkbox"/>	Director

Signature	Print Name	(indicate position)	Date
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~~EAC OFFICE USE ONLY~~	Office ID	<input type="text"/>	Please Note: A completed order form may be faxed for rapid service, however you must also mail the original copy within fourteen (14) days to: Estate Agents Co-operative Ltd 274 Miller Villawood NSW 2163
	User ID	<input type="text"/>	
	User Password	<input type="text"/>	
	Commencement Date	<input type="text"/>	
	Billing Date	<input type="text"/>	
	EAC Rep	<input type="text"/>	