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| SUMMIT TEAM INFORMATION FORM | | |
| **Contact Information** | | |
| Club Name: | | |
| Club Address: | | |
| Suburb: | State: | Post Code: |
| Club Contact: | Position: | |
| Phone: | Mobile: | |
| Email: | Website: | |
| **BILLING INFORMATION** | | |
| Billing name (e.g. SUMMIT Soccer Club): | | |
| Billing address: | | |
| Suburb: | State: | Post Code: |
| Contact name: | Position: | |
| Phone: | Email: | |
| **Delivery information** | | |
| Address (no PO Boxes): | | |
|  | | |
| Suburb: | State: | Post Code: |
| Contact name: | Mobile: | |
| Instructions/Authority to Leave: | | |
|  | | |
| **office use only** | | |
| A/C Code e.g. TEAM0001:  (LINK TO CENTRAL COAST HEART) | Branch – 63 – Summit – Club Direct | |
| Payment Terms – CASH with ORDER | Salesperson – Club Direct – NSW (CDN) | |
| Territory – NSW | Price Book – TEAM | |
| Sales Chanel – Club | Freight – CASH ACC | |
| Authorised: Colin Grant | Date A/C opened | |