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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 |