

Client Security Details (CSD)

Account Setup Form

This is an active PDF form, please type your details in the boxes provided.

Section 1 - Company Details

Company Entity Name:

Trading Name:

ABN:

Postal Address:

Reception Phone: Fax:

Primary Pickup/Collection Address:

Secondary Address /DR Site:

Section 2 - Invoicing Details

Invoice Attention to:

Reference / PO number:

Receive Invoices via: Email Post* Email & Post*

*\$2.20 ex GST monthly surcharge applies for paper invoices.

Invoice Email Address:

Section 3 - TIMG Marketing

What is your industry? *E.g. Legal, healthcare, manufacturing etc.*

What is your Job Title?

How did you first hear about our services? Please select below.

- Search Engine LinkedIn Facebook Twitter Referral – Name:
- Tradeshow Used TIMG previously Cold Called Other:

Would you like to subscribe to our TIMG email list to receive monthly updates and news?

YES NO

Would you like to subscribe to our Product Department email list to receive special offers on product sales?

YES NO

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Section 4 – Authorised Users

Please provide a list of your authorised personnel. Each user to be listed once in any one of the following authority Groups:

Group A Users – In addition to Group B & C permissions, Group A are the account administrators. They can add/remove other users, authorise destruction of items and edit account details.

NAME	EMAIL	PHONE	MOBILE

Group B Users – In addition to Group C permissions, Group B users have a user login to the online software, can perform 'day-to-day' activities such as retrieval requests, pickup requests and edit items online.

NAME	EMAIL	PHONE	MOBILE

Group C Users – Low-permission users. They will only have the ability to sign for receipt of delivery/collection of items. This user can be a role or title such as 'Duty Receptionist'

NAME/ROLE	PHONE

Would you like a group email address added for all automated retrieval/pickup emails to be sent to? If yes, please provide email address: YES NO

Please elect a default phone password applicable to all users. This password will be required should requests be placed over the phone.

Please nominate a key person for dealing with the start-up of your account:

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Section 5 – Data Storage Rotation Schedule

(If not applicable, please skip to SECTION 6.)

Collection/Delivery Frequency: Daily Weekly Monthly Adhoc

Visit Day/Days:

Preferred Timeframe:

Public Holiday Instructions: Cancel Visit Deliver Next Bus. Day Deliver Previous Bus. Day

Media Rotational Cycle

TBA Backup software to send automated email to TIMG See Below

Daily Media:

Weekly Media:

Monthly Media:

EOY/Archive Media:

Section 6 – Review and Sign Off

Client (Completed By)

Name:

Date:

Employee Responsible (Account Manager)

Name:

Date:

Date Account Setup:

Follow Up Required: YES NO

****PLEASE SAVE AND EMAIL THIS COMPLETED DOCUMENT TO YOUR TIMG SALES REPRESENTATIVE.****