

# Corporate Account Application



## Important Information

Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Please circle the appropriate answer.

Please note that the minimum expenditure per annum for a corporate account is \$5,000 AUD

Please return this form to [tcn@changenetwork.com.au](mailto:tcn@changenetwork.com.au) or fax it to (02) 9557 5700

Allow up to 14 days for this application to be processed

First Transaction is to be paid in full using a credit card

The Change Network holds the right to reject Corporate Account Applications. The Change Network also holds the right to terminate your account at any point in time.

## General Information

How long has your company been dealing with us? **New Customer | 1 Year | 2 Years | 3 Years**

How much does your company currently spend with us each year? **\$0 | \$5,000 | \$10,000 | \$15,000**

How much does your company intend on spending with us each year? **\$5,000 | \$10,000 | \$15,000 | \$20,000**

How did your company find out about getting a TCN Corporate Account? .....

Why have/did you chosen us as your Training Provider? .....

What course would you like to see us to deliver? .....

Are there any services you would like to see us provide? .....

How can we improve? .....

## Company Details

Trading Name: .....

ABN: .....

Business Address: .....

Postal Address: .....

Phone Number: .....

Fax Number: .....

## Director / Owner Details (1)

Name: .....

Phone Number: .....

Residential Address: .....

## Director / Owner Details (2)

Name: .....

Phone Number: .....

Residential Address: .....

# Corporate Account Application



## Bank Details

Bank: .....

Branch: .....

## Company Referee (1)

Contact Name: .....

Business Name: .....

Phone Number: .....

## Company Referee (2)

Contact Name: .....

Business Name: .....

Phone Number: .....

## Company Referee (3)

Contact Name: .....

Business Name: .....

Phone Number: .....

## Acceptance

I am the authorised officer and acknowledge and agree to these terms:

Authorising Officer Name: .....

Phone Number: .....

Signature: .....

Position: .....