

Customer Contact Form



Contact Details

Entity Name

Postal Address

Street Address

Contact Person

Email

Type of Business

Phone

Mobile

Fax

Glazing Services

Select which glazing services you will be likely to request from AMN

Automotive

Building

Are you likely to require after hours (between 11:00pm and 7:00am) glazing services?

Yes No If yes, please detail approximate frequency per month _____

Do you have any special or unusual on-site requirements (i.e. identity cards, restricted areas, etc)

Yes No If yes, please detail _____

Do you have a contracted Security Company? Yes No If yes, please detail _____

Job Logging

Select your preferred method of notifying AMN you have a job request.

Web Email Fax Phone Other _____

Which of the following people can we accept referrals from within your organisation.

Everyone Specific People/Department _____

Detail any specific requirements you may have or any specific details AMN should be collecting. (i.e purchase order numbers, name of person who logged the job, vehicles with bullet proof glass or security requirements, etc)

Financial Information

Contact person in accounts

Designation

Phone

Fax

Email

Preferred Billing Method

Individual Invoice _____

Weekly Schedule _____

Other _____

Detail how you require your invoices to appear?
(purchase order, referrer's name, site address)