

CUSTOMER APPLICATION FORM

Step 1 Choose services

- Electrical testing and tagging
- Minor repairs/replacements as needed
- Microwave Leakage testing
- RCD Testing - Portable RCDs
- Thermal imaging of switchboards
- Other - Please specify below:

Step 2 Choose a date & time

What is your preferred date for our visit?

What is your preferred time for our visit?

Comments

Step 3 Your details

Your Name

Business Name

Phone Number

Email address

Postal Address

Suburb

State

Postcode

Step 4 Site details

Contact Person

Mobile Phone

Site Address

Access times and days

Parking Instructions

Entry and Other Instructions

Step 5 Job details

Workplace type

Estimated number of items for test and tag

Number of computer workstations if we will be inspecting your office

Do you require all plug-in appliances on-site to be inspected? Yes No

If no, please list exclusions:

Would you like us to do minor repairs as we inspect? Yes No

Computers requiring electrical testing must be shut down for about 3 minutes each. Can your PCs be shut down during our visit? Please select:

- Yes, we will advise all staff to shut down computers for testing and inspection.
- Please provide only visual inspection of computers (No shutdown – minimal impact)

Step 6 Billing details

Please select your preferred payment method:

- Visa
- Mastercard
- Cheque
- Bank Transfer

Accounts Contact

Accounts Phone

Please note that payment is required on completion of work

Step 7 Submit your request

Where did you hear about ABC?

Please check the details you have provided, and then submit your request.



[ABC Terms and Conditions \(PDF\)](#)

Person authorising work

(Full name)

I acknowledge that I have read and accepted ABC's Terms and Conditions

Please note that all fields are required except comment fields