Head Office
Unit 2, 55 Murdoch Drive
Mandurah WA 6210
Ph: (08) 9535 9290
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E: info@workscreen.com

Client Setup Form

Section 1. Business Information

Trading Name:

ABN:

Company/Business Name:

ACN:

Street Address:

State:

Post Code:

Postal Address:

State:

Post Code:

Telephone Number:

Fax Number:

Industry Type:

Number of employees:

Section 2. Medical Results Report

Authorised Contact:

Preferred Delivery Method:

☐ Email
☐ Post

Authorised Contact Telephone:

Authorised Contact Fax:

Authorised Contact Email:

Postal Address:

State:

Post Code:

Section 3. Invoicing for Medicals & Company Funded Services

Please specify the details of where we are to send invoices for medicals and company funded services.

Accounts Contact:

Preferred Billing Name:

☐ Trading Name
☐ Company / Businss Name:

Accounts Telephone:

Accounts Fax:

Preferred Delivery Method:

Accounts Email:

☐ Email
☐ Post

Street Address:

State:

Post Code:

Section 4. Invoicing for Workers Compensation & Injury Management Services

Accounts Contact:

Preferred Delivery Method:

☐ Email
☐ Post

Accounts Telephone:

Accounts Fax:

Accounts Email:

Postal Address:

State:

Post Code:

Office Use Only

Application Processed by:

Date Received: