

XML Upload Authorisation Form

1 Company Details

Business Name	<input type="text"/>		
ABN / ACN	<input type="text"/>		
Address	Street or PO box	<input type="text"/>	
	Suburb	<input type="text"/>	Postcode <input type="text"/>

2 XML Bulk Load Provider

XML Provider Company Name	<input type="text"/>
XML Provider Technical Person	<input type="text"/>
XML Provider Contact Number	<input type="text"/>
XML Provider Contact Email	<input type="text"/>

3 Authorisation

Your Name	<input type="text"/>
Your Signature	<input type="text"/>
Website address	<input type="text"/>
Contact Email	<input type="text"/>
Contact Telephone	<input type="text"/>
Date	<input type="text"/>