

Request for Electronic Delivery of Results Commercial Site Questionnaire

HEAD OFFICE DETAILS			
Business Name			
Head Office Address			
ACN \ ABN:			
Contact Name	Phone		Fax
Email address			
IT SUPPORT DETAILS			
IT Support Name	Phone		Fax
Email Address		Mobile	
SITE DETAILS (Ignore this section if only one site as detailed above)			
Site Name \ Location			
Site Address			
Contact Name	Phone		Fax
Email Address			
RESULT RECIPIENT DETAILS			
Person to receive Results Eg. John Smith		Position Held Eg. OH&S Officer, Foreman, Owner	
Computing Environment Information (Please tick the appropriate box)			
Operating System		Internet Connection	
Windows 98	<input type="checkbox"/>	Dial Up Modem	<input type="checkbox"/>
Windows NT	<input type="checkbox"/>	ADSL Broadband	<input type="checkbox"/>
Windows 2000	<input type="checkbox"/>	Cable Broadband	<input type="checkbox"/>
Windows XP	<input type="checkbox"/>	Satellite Broadband	<input type="checkbox"/>
Other	<input type="checkbox"/>	Long Range Wireless	<input type="checkbox"/>
Please Specify	<input type="checkbox"/>	Radio Link (Line of sight)	<input type="checkbox"/>
RETROSPECTIVE ELECTRONIC REPORTS			
Would you like retrospective reports electronically ? (If NO is selected, results will be processed from system setup date)		YES	NO
If YES, from what date?		From:	
This Form was completed by:Signed:.....Date:.....			

Please return this Questionnaire to PathWest Marketing Department, Fax No: (08) 9346 7369

For further information please contact PathWest Marketing on (08) 9346 2142 or email marketing@pathwest.com.au

OFFICE USE ONLY.	Helpdesk Task Number:	
------------------	-----------------------	--