



New Customer Registration Form

Section	Field Name	Field Description	Comments
Customer Details	Company Name		
	Contact Name		
	Position/Title		
	Phone Number		
	Email Address		
	Website URL		
	Business Address		
	Postal Address		
Billing Information	Billing Contact Name		
	Billing Phone Number		
	Billing Email Address		
	Accounts to Bill		
	ABN/ACN		
	Preferred Payment Terms	<i>e.g., Net 30, upfront payment</i>	
	Billing Address	<i>Address for billing statements (if different)</i>	
Service Preferences	Services Interested In	Select the services you are most interested in	Checkbox (multi-select)
		• Strain Typing	
		• Microbiome Profiling	
		• Probiotic Viability Analysis	
		• Efficacy Analysis	
		• Clinical Trial Services	
		• Probiotic Mechanism of Action Tests	
Sample Information	Expected Sample Types	Describe the types of samples you will be submitting	
	Estimated Number of Samples	Approximate volume of samples per month	
	Additional Information Special Instructions	Any special requirements or instructions	
	Comments or Notes	Any additional comments	
Acknowledgment	Terms & Conditions Agreement	Agreement to Probionalytix's terms and conditions	(yes/no)
	Privacy Policy Agreement	Agreement to the privacy policy	(yes/no)
Authorization	Signature	Digital or manual signature of the authorized person	
	Date	Date of form completion	

Instructions for Completing the Form:

- Fill out all mandatory fields (marked with an asterisk if needed).
- Ensure billing information matches the details on your company's records.
- Submit the completed form via email or upload it to the secure portal provided by Probionalytix Laboratories.

Note: This form will be securely stored and only used for the purposes outlined in our privacy policy. For any inquiries, contact info@probionalytix.com.au