

# NEW CUSTOMER FORM



**SEND YOUR FORM BACK BY:**



**FAX: 1300 49 88 88**



**EMAIL: [MARKETING@ICONMEDICAL.COM.AU](mailto:MARKETING@ICONMEDICAL.COM.AU)**

**PHONE: 1300 49 99 99**

MON-FRI 8:30AM-5PM (E.S.T)

**UNIT B, 75-77 ST HILLIERS ROAD  
AUBURN NSW 2144**

## CUSTOMER DETAILS

**CENTRE NAME:**

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**DOCTOR'S NAME:**

**MEDICAL REG. NO.:**

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**ADDRESS:**

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**CONTACT:**

**PHONE:**

**FAX:**

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**EMAIL:**

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## MEETING REQUEST / NOTES

**REQUEST A MEETING WITH OUR LOCAL SALES REPRESENTATIVE TO DISCUSS OUR NEEDS**

**PREFERRED METHOD OF MEETING:**  IN PERSON  PHONE

**EXTRA NOTES:**