

Application Form – Practice and user information for AdviserTECH CPD

Client name _____

Client contact person _____

Client address _____

Practice contact person phone number _____

Start Date: _____ / _____ / _____

	Title	User Name	Email address	Memberships (FPA/SPAA only)	ASIC number	Rep	Practice Manager access (tick)
#1							
#2							
#3							
#4							
#5							

If you have more than one practice subscribing, please send an Excel spread sheet with the above details for all practices to advisertechcpd@midwinter.com.au.

Payment Details

Cheque (made payable to *Midwinter Advice Solutions Pty Ltd*)
EFT details for direct payment are available on request.

Cheque No. _____

Mastercard Visa

Card Number _____ Expiry Date ____/____

Number of Users x \$31 +GST = Total \$_____ per month. (RRP \$31 + GST per month per adviser). Discounts may apply for bulk purchases

Cardholder's Name _____

Cardholder's Signature _____

Acceptance — by signing this form you agree that you have read and accept the relevant terms and conditions available at <http://midwinter.com.au/forms/> and that you agree to purchase the product(s) specified in this form. Please be aware that the AdviserTECH CPD subscription term is 12 months, no refunds will be provided for early cancellation.

For subscription enquiries please call Midwinter on 1300 882 938. Please return this form to **fax (02) 9233 4485**, or mail to **Suite 2, Level 14, 111 Elizabeth St, Sydney NSW 2000**