



LoadNet for Marketers Registration Form

P: (08) 9237 9776
 F: (08) 9237 9827
 E: customersupport@cbh.com.au

GPO Box L886
 PERTH WA 6842
 ABN: 29 256 604 947

1. USER INFORMATION

Please provide details for each individual that requires a LoadNet login. Use additional form if more than two.

1.1 USER DETAILS			
SURNAME:		FIRST NAME:	
POSITION/JOB TITLE:			
EMAIL:		PHONE:	
ACCESS REQUIRED: <input type="checkbox"/> VIEW ONLY SELECT VIEW ONLY AREAS REQUIRED: <input type="checkbox"/> STOCK ENQUIRIES <input type="checkbox"/> DOMESTIC SERVICES <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> REPORTS <input type="checkbox"/> INVOICES		<input type="checkbox"/> TRANSACTIONAL SELECT TRANSACTIONAL AREAS REQUIRED: <input type="checkbox"/> STOCK ENQUIRIES <input type="checkbox"/> EXPORT SERVICES <input type="checkbox"/> DOMESTIC SERVICES <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> AQUISITION SETUP <input type="checkbox"/> REPORTS <input type="checkbox"/> INVOICES	
FULL NAME OF LEGAL ENTITY/COMPANY USER REQUIRES ACCESS TO:			
1.2 USER DETAILS			
SURNAME:		FIRST NAME:	
POSITION/JOB TITLE:			
EMAIL:		PHONE:	
ACCESS REQUIRED: <input type="checkbox"/> VIEW ONLY SELECT VIEW ACCESS AREAS REQUIRED: <input type="checkbox"/> STOCK ENQUIRIES <input type="checkbox"/> DOMESTIC SERVICES <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> REPORTS <input type="checkbox"/> INVOICES		<input type="checkbox"/> TRANSACTIONAL SELECT TRANSACTIONAL AREAS REQUIRED: <input type="checkbox"/> STOCK ENQUIRIES <input type="checkbox"/> EXPORT SERVICES <input type="checkbox"/> DOMESTIC SERVICES <input type="checkbox"/> TRANSFER OF OWNERSHIP <input type="checkbox"/> AQUISITION SETUP <input type="checkbox"/> REPORTS <input type="checkbox"/> INVOICES	
FULL NAME OF LEGAL ENTITY/COMPANY USER REQUIRES ACCESS TO:			

2. AUTHORISATION

I the undersigned hereby declare that I am authorised to sign on behalf of the company or companies detailed in section 1 of this form. I declare and warrant that the information provided by me in this form is accurate, complete and not misleading, and is completed according to the instructions and information throughout the form. I indemnify Co-operative Bulk Handling and each of its directors against any claim, action, damage, loss, liability, cost or charge they may suffer, incur or be liable for as a result of any misleading information disclosed in this form. I authorise Co-operative Bulk Handling and each of its directors and officers to complete or amend this form where necessary to correct any errors or omissions. By signing this form, I agree that I have read and accepted all Terms and Conditions of use of LoadNet for Marketers.

FULL NAME:	JOB TITLE:
PHONE:	EMAIL:
SIGNATURE:	DATE SIGNED:

CBH USE ONLY		
RECEIVED BY:	DATE RECEIVED:	DATE COMPLETED: