AMT Preferred Business Booking Form

Company/Organisation Name:

Company/Organisation Representative:

Name & Title:

Address:

Postcode:

Phone: Fax:

Website:

Email:

Description of proposed benefit:

This confirms the above agreement is valid. AMT will advertise your business under the Preferred Business page in our quarterly newsletter and on our website.
This agreement can be terminated at any time. We require 10 days notice in writing.

Name of AMT representative (in block letters):

Signature of AMT representative:

Name of your company representative (in block letters):

Signature of your company representative:

Date:

AMT Ltd
PO Box 792 Newtown NSW 2042
Fax: 9517 9952