

**Return this form by:**

**In person** 54 Chandos street, St Leonards NSW 2065

**Post** 54 Chandos street, St Leonards NSW 2065

**Email** help@thinkpickle.com .au

**Enquiries** 1300 688 588 **Register Online** www.thinkpickle.com.au

**Allow two to three working days to process this form.**

**A Existing Strata Manager**

Name

Business Name

Address

Suburb/Town

State    Post Code

Phone (   )

Email

Signature

**B New Strata Management Details**

Name

Service Number

Address

Suburb/town

State    Post Code

Phone (   )

Invoice Email

Signature

**C Strata Plan Details**

Strata Plan

ABN

Address

Invoice Email

**Strata Manager Details**

First Name

Surname

Address

Suburb

State    Post Code

Phone (   )

Mobile Number

Email

**E**

SIGNATURE

NAME

DATE   /   /

Day                      Month                      Year

**Agreement**

I declare that in signing this document I am now responsible for the above mentioned account. I understand that I am liable for any current debit balance. Furthermore I have read, understood and agree to abide by Pickle's Terms and Conditions as stated over-leaf, and verify that I am over 18 years of age and am able to enter into a legally binding contract.