



INTERNET ACCESS REQUEST FORM

FAX TO: (02) 9891 5156

MAIL TO: PO BOX 972, Parramatta NSW 2124 OR

E-MAIL TO: support@revs.nsw.gov.au

WEBSITE ADDRESS: www.revs.nsw.gov.au

CLIENT DETAILS	Company Name:		
	REVS Account Number:		
	Type of Business:		
	Vehicle	Financier <input type="checkbox"/>	Dealer <input type="checkbox"/>
	Boat	Financier <input type="checkbox"/>	Dealer <input type="checkbox"/>
	Trading Name:		

CONTACT DETAILS	Contact Name:
	Telephone Number:
	Fax Number:
	E-Mail Address:
	Business Address:

PLEASE PROVIDE USERNAME (max 8 char.):	PASSWORD (max 8 char.):	ACTIONED (revs use only).	
1.	1.	As400	Heat
2.	2.		
3.	3.		
4.	4.		

If further information is required, please contact REVS ESD Helpdesk on (02) 9895 2707 or support@revs.nsw.gov.au

I understand that facilities may be withdrawn if account payment is not made within 14 days of receipt of invoice / statement.

Please print and sign name below.

.....
NAME

.....
SIGNATURE

.....
DATE



REVS is a service provided by NSW Fair Trading