

BUSINESS DETAILS

| | | | | | |
|---|--|--------|--------------------------------------|------------|--|
| Trading As: (PLEASE TICK) <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader (Please attach copy of ID) <input type="checkbox"/> Trust <input type="checkbox"/> Other | | | | | |
| Name of Entity: (Must match ABN registry exactly) | | | | | |
| ABN/ACN of company/business: | | | | | |
| Trading Name: | | | | | |
| How Many Cards Applying For: | | | Fuel Spend Per Month: | | |
| Postal Address: | | | | | |
| City: | | State: | | Post Code: | |
| Street Address: | | | | | |
| City: | | State: | | Post Code: | |
| Work Number: | | | Fax Number: | | |
| Contact Person: | | | Mobile Number: <i>Contact Person</i> | | |
| Email Address: | | | Title: | | |
| Invoice Email Address: | | | | | |

TYPE OF BUSINESS


| | | | |
|---------------------|--|----------------------|--|
| Nature of Business: | | Industry Type: | |
| Date Commenced: | | Number of Employees: | |

DETAILS OF DIRECTORS / PARTNERS / SOLE TRADER / TRUSTEES

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1. Full name of Proprietor / Partner / Director / Signatory: | | | | | | Mr / Ms / Mrs (Please Circle) Date of Birth: / / | | | | | | | | |
| Residential Address: <i>Not P O Box</i> | | | | | | Drivers Licence No: State: | | | | | | | | |
| Drivers Licence Card No: <i>(Not the same as drivers licence number, please refer to our ID verification guide)</i> | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Full name of Proprietor / Partner / Director / Signatory: | | | | | | Mr / Ms / Mrs (Please Circle) Date of Birth: / / | | | | | | | | |
| Residential Address: <i>Not P O Box</i> | | | | | | Drivers Licence No: State: | | | | | | | | |
| Drivers Licence Card No: <i>(Not the same as drivers licence number, please refer to our ID verification guide)</i> | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

AGREEMENT

On behalf of the business nominated in this Application Form I/we being the duly authorised officer(s) have read and agreed to the Account Holder Terms and Condition (fleetcard.com.au/terms-conditions/) and where applicable Fleetcard Virgin Terms and Conditions (fleetcard.com.au/fleetcard-virgin-terms-and-conditions/). I/we warrant that the information provided by me/us in this Application is true and complete. I/we authorise any person or organisation to provide Business Fuel Cards Pty Ltd with such information as may be required.

| | | | |
|---|--|-----------------------|--|
| Signatory's full name | | Title (Business Only) | |
| Signature  | | Date / / | |
| Joint applicant full name (1) | | | |
| Signature  | | Date / / | |
| Joint applicant full name (2) | | | |
| Signature  | | Date / / | |

Direct debit is our preferred payment method, set it up by completing the [Direct Debit Request](https://www.fleetcard.com.au/direct-debit-form-file/) form (<https://www.fleetcard.com.au/direct-debit-form-file/>)

| | |
|--|---------------------|
| Preferred Payment Cycle: <input type="checkbox"/> Weekly* <input type="checkbox"/> Fortnightly* <input type="checkbox"/> Monthly | * Direct Debit Only |
|--|---------------------|

If you have any queries or problems completing this Application Form please contact Business Fuel Cards on 1300 307 159

Please email completed Application Form, Direct Debit Request form and any other accompanying information to sales@bfcards.com.au