

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"/>	<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"/>	<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/) 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 / /	

Preferred Payment Cycle: Weekly* Fortnightly* 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