

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 / /	

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