



PO BOX 807
 INGLEBURN NSW 1890
 PHONE: 02 9618 3736
 FAX: 02 9605 5599
 ABN 16 146 291 081
 Email: accounts@xpressgroup.com.au

C.O.D APPLICATION FORM

This account application shall be in respect of Xpress Fuel Australia Pty Ltd ABN 16 146 291 081
 ACN 146 291 081. Xpress Fuel Australia Pty Ltd reserves the right to accept or reject this application in its
 absolute discretion.

Company Individual/Sole Trader Partnership Trust
 Other (Provide Details)

Name of Customer _____

Trading name/Business name (if any) _____

ABN _____ ACN _____

If the Company is a subsidiary of another Company Yes [] No [] ABN _____

If yes, Holding Company name _____ ACN _____

Nature of Business/Main Business Activity _____ Number of Employees ____

Business Address _____ Owned [] Buying [] Rented []

_____ State _____ Postcode _____

Postal Address _____ Postcode _____

Telephone _____ Fax _____ Mobile _____

Contact (Accounts) _____ Telephone (Accounts) _____

Accounts email address _____

Alternative email address _____

Web address _____

Proposed Method of Payment:

Credit Card

Mastercard

Visa

American Express

Card Number _____

Expiry Date _____ CCV _____

OR

Direct Debit

Please complete your Direct Debit Authority Form.

Please note, all payments will be debited from the selected account on the date of purchase.



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Signed by all Directors, Partners or Sole Traders

Signature of Applicant (1): _____ Date: _____

Full Name: _____

Position / Title: _____ Date of Birth: _____

Signature of Applicant (2): _____ Date: _____

Full Name: _____

Position / Title: _____ Date of Birth: _____

Signature of Applicant (3): _____ Date: _____

Full Name: _____

Position / Title: _____ Date of Birth: _____

Signature of Applicant (4): _____ Date: _____

Full Name: _____

Position / Title: _____ Date of Birth: _____