



### Account Application Form

*\*Nominate the branch you want to open an account in by ticking the applicable box above.*

SYDNEY    
  MELBOURNE    
  BRISBANE    
  PERTH    
  ADELAIDE    
  AUCKLAND

FAX: +61 2 8437 7788     +61 3 9335 7799     +61 7 3908 7799     +61 8 9208 7799     +61 8 8334 1799     +64 9 275 0899  
 ABN/CN 87 063 478 295     16 089 885 656     66 093 727 603     14 115 077 711     38 130 286 869     4845119

**Company Details**

Type of Business: Sole Trader  Company  Trust  Other

Company Name:  A.B.N No:

Street Address:  Suburb:  P/Code:

Postal Address:  Suburb:  P/Code:

Website: http://www.

Courier Contact:  Telephone:  Fax:

Email:  *\*Add me to Direct Couriers E-news List:*

Accounts Contact:  Telephone:  Fax:

Email:  *\*Add me to Direct Couriers E-news List:*

**Banking Details** *\*Required for security purposes only.*

Bank:  Branch:

BSB:  ACCT#:

Director:  Director:

**Trade References**

1. Company Name:  Contact:

Email:  Fax:  Telephone:

2. Company Name:  Contact:

Email:  Fax:  Telephone:

**I have read, understood and agree to trade under Terms & Conditions of Direct Couriers (Aust) Pty Ltd**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Direct Couriers - Office use only**

Account #:

Local:  Road Freight:  International:  Overnight: