

Credit Card Details

Visa Master Card American Express

* American Express cards will attract a 1.75% surcharge

Name on card: _____

Card Number: _____

Expiry Date: _____ \$130.00 for 12 months
\$186.00 for 3 years

CVC: _____

Signature: _____

Disclaimer - We do not provide legal, accounting or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

BUSINESS NAME ORDER FORM

Preferred Name _____

Principal Place of Business _____

Address for service of documents _____

Proprietors - Individuals

Full Name _____ Date of Birth _____

Address _____ Place of Birth _____

Address _____ Country/State _____

Suburb _____ State _____ Postcode _____

ABN _____

Full Name _____ Date of Birth _____

Address _____ Place of Birth _____

Address _____ Country/State _____

Suburb _____ State _____ Postcode _____

ABN _____

Proprietors – Companies

Name _____

ACN _____

Address _____

Country/State _____

Suburb _____ State _____

Postcode _____

ABN _____

Name _____

ACN _____

Address _____

Country/State _____

Suburb _____ State _____

Postcode _____

ABN _____

Proprietors – Trust

Name of Trust _____

ABN of the Trust _____

Trustee (If Individual):

Name _____

Date of Birth _____

Address _____

Place of Birth _____

Country/State _____

Name _____

Date of Birth _____

Address _____

Place of Birth _____

Trustee (If Company):

Company Name and ACN _____

Company Name and ACN _____

Proprietors – Partnership

Name Partnership _____

ABN of Partnership _____

Details of each member of the Partnership

If Individual:

Full Name _____ Date of Birth _____

Address _____ Place of Birth _____

Address _____ Country/State _____

Suburb _____ State _____ Postcode _____

Full Name _____ Date of Birth _____

Address _____ Place of Birth _____

Address _____ Country/State _____

Suburb _____ State _____ Postcode _____

If Company:

Company Name and ACN _____

Company Name and ACN _____

Your Details:

By completing this form you agree to the trading terms and conditions of Corporate Express found on www.corporateexpress.com.au and acknowledge that Corporate Express will act as the lodging agent for all Office of Fair Trading forms relating to this order.

Name _____

Contact _____ Email _____

Address _____

Delivery Address _____

Phone _____ Fax _____
