

Account Application Form

Same Day Express Couriers & Taxi Trucks

PO Box 415

Doonside NSW 2767

Phone: 02 8805 4600

Fax: 02 9625 8173

Email: enquiries@samedayexpress.com.au

Web: www.samedayexpress.com.au

Account Information

Registered Company or Business Name

ABN / ACN

Office Use Only:

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Address

Suburb – State - Post Code

Phone

Fax

Email

Mobile

Trade References

Company Name

Contact

Phone

1.

2.

Account Set Up (Please Circle)

Do you require a reference number or Purchase Order number for every to appear on your invoice?

Yes No

Account Terms – Longer Account terms attract slightly more expensive prices.

7 Days 14 Days 30 Days

How much are you likely to spend in an account period? This information will be used to determine an account credit limit.

\$50

\$500

\$1000

\$5000

\$20,000

Invoice Email

Accounts Telephone Number

Do you require access to our web booking and track and trace module? There is a 5% discount automatically applied to all jobs booked via the web.

Yes No

Acknowledgement

I hereby acknowledge that I am authorised to open this account on behalf of the organisation listed above. The information tendered herein is true and accurate to the best of my knowledge. I have read and understand the document headed 'Same Day Express – Terms & Conditions' that has been supplied to me. I undertake the responsibility of informing Same Day Express in writing, of any changes to our account details within seven (7) days of those changes taking effect.

Applicants Name

Position Title

Applicants Signature

Date

Enquiries and Bookings: (02) 8805 4600
enquiries@samedayexpress.com.au