

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

Office Use Only:

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Account Information

Registered Company or Business Name

ABN / ACN

Trading Name (If different from above)

Registered Office Address

Billing Address

Phone

Fax

Email

Mobile

Trade References

Company Name

Contact

Phone

Trading Terms (Please Circle)

COD 7 Days 14 Days 30 Days

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