



part of GE Capital

Request for Change of Account Details, Merchant Services & Payment Terms for Fleet Card

Custom Service Leasing Pty Limited ABN 60 073 245 084

PLEASE FAX COMPLETED FORM TO (02) 8899 5396.

If you have any questions concerning completing the this form, please telephone 1300 368 743 Monday to Friday between 8.30am and 5.00pm (AEST)

Custom Fleet Merchant Number: _____

Merchant's Details

Name			
ABN			
Trading as (if applicable)			
Type	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/>
Trading Address			
State		Postcode	
Postal Address <small>(Insert "as above" if same as trading address)</small>			
State		Postcode	
Telephone Number		Facsimile Number	
Email address:			
New Dealer Franchise	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Franchise	
Service Station Outlet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Franchise	<input type="checkbox"/> Shell <input type="checkbox"/> Caltex <input type="checkbox"/> BP <input type="checkbox"/> Mobil <input type="checkbox"/> Independent <input type="checkbox"/> Other _____

New Merchant's Authorised Contacts

Name		Title	
Telephone Number		Facsimile Number	
Email			
Name		Title	
Telephone Number		Facsimile Number	
Email			
Service Manager			
Telephone Number		Facsimile Number	
Email			

All Merchant Services (excl fuel) (You must be appropriately qualified and licensed to provide the Services)
Please check all services provided including new services

<input type="checkbox"/> Alarm, Radio, A/C	<input type="checkbox"/> Autocare	<input type="checkbox"/> Auto Electrical	<input type="checkbox"/> Auto Transmissions
<input type="checkbox"/> Batteries	<input type="checkbox"/> Brake & Clutch	<input type="checkbox"/> Car Wash	<input type="checkbox"/> Detailing
<input type="checkbox"/> Exhaust	<input type="checkbox"/> LPG fit and repair	<input type="checkbox"/> Mobile service	<input type="checkbox"/> Radiator Repairs
<input type="checkbox"/> Repairs/log service	<input type="checkbox"/> Parking station	<input type="checkbox"/> Smash repairs	<input type="checkbox"/> Towing
<input type="checkbox"/> Tyres	<input type="checkbox"/> Window Tinting	<input type="checkbox"/> Windscreens	

Other (specify): _____

New Fuel Supplier Services

Please check all fuel services provided including new fuel services

<input type="checkbox"/> BIO Diesel	<input type="checkbox"/> Diesel	<input type="checkbox"/> E10	<input type="checkbox"/> LPG
<input type="checkbox"/> Pulp	<input type="checkbox"/> ULP		

New Merchant's Payment Details

Account Name		BSB and Account Number	
Electronic site ID		Manual site name:	

Change of Custom Fleet Volume Based Commission and Payment Frequency

(please tick preferred commission rate and payment cycle)

Payment Cycle	Fuel Outlets	Repair Outlets
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Bi-weekly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>

Request for new Imprinter Plate only

If you currently have an imprinter and do not wish to have another one just for Fleet Card transactions, we can provide you with a new imprinter plate with all of your current credit card Merchant Numbers embossed on it. This plate would then allow you to imprint existing credit cards plus Fleet Card transactions on one imprinter:

Merchant Acceptance of Terms and Conditions

By signing this Form the Merchant requests Custom Fleet to update the details the Merchant has previously provided. Merchant acknowledges that changes will be effective once received and processed by Custom Fleet. Merchant warrants that the information given in this Form is true and correct.

MERCHANT - COMPANIES EXECUTING

Executed by the Merchant)
 in accordance with s127 of the Corporations Act 2001)

 Signature of Director

 Signature of Director/Company Secretary/Sole Director and Company Secretary*

 Name of Director

 Name of Director/Company Secretary/Sole Director and Company Secretary*

MERCHANT - INDIVIDUAL OR AUTHORISED SIGNATORY

Executed by the Merchant)
 in the presence of)

 Signature of Witness

 Signature of Merchant/Authorised Signatory of Merchant**

 Name of Witness

 Print Name of Merchant/Authorised Signatory of Merchant**

* *Delete as appropriate*

** *The Authorised Signatory warrants that he/she is authorised to execute this Merchant Application as or on behalf of Merchant and Merchant has authorised execution of this Application.*

Custom Fleet office use only

By authorising this form, the Custom Fleet employee has ensured the supplier is a bona fide Merchant.

This Request is P & P compliant No P & P relating to this request P & P are inadequate

Authorised/Denied by: _____ Position: _____

Date: _____

Data Input by: _____

Date: _____

Checked by: _____

Date: _____