

## MEMBER APPLICATION FORM

Company Information	
Company legal name	
Company trading name	
Company type (circle)	Company Partnership Sole Trader Other:
Company ACN	
Company ABN	
Contact Details	
Website address	
Postal address	
Business address	
Email address for invoices	
Telephone number	
Key Contacts	I.s.
Management contact	Name:
	Phone: Email:
Accounts contact	Name:
	Phone: Email:
Operations contact	Name:
	Phone: Email:
Ownership & manageme	ent ent
Owner/Director	Name: Position:
Signing Authority: Yes No	Phone: Email:
Owner/Director	Name: Position:
Signing Authority: Yes No	Phone: Email:
Trade references	Please include the contacts for 2 trade references
Reference 1	Business name:
	Contact & title:
	Phone: Email:
Reference 2	Business name:
	Contact & title:
	Phone: Email:
ACKNOWLEDGEMENT	
I confirm that the information above is true and correct and that I am authorised by the customer to apply for credit on it's behalf.	
Signature of customer repr	esentative: Date:
Printed name:	

 $\begin{tabular}{lll} Email: $\underline{accounts@freightsave.com.au}$ & Web: $\underline{www.freightsave.com.au}$ \\ \end{tabular}$