

To: Shelcom Corporate Services
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📧 companies@shelcom.com.au

INSTRUCTIONS REGARDING COMPANY SEAL

From: Name: _____
Company: _____
Address: _____
Phone No: _____ Fax No: _____
Signature: _____ Email: _____

By signing this order form, I accept, on behalf of my firm, full liability for the payment of the invoice relating to this order. Shelcom Corporate Services Australia Pty. Ltd. will not accept transfer of this liability to a third party.

Company Name: _____

Company A.C.N.: _____

Hand Seal

Fold Seal

PAYMENT DETAILS:

Credit Card:

Visa

Mastercard

Bankcard

AMEX

Diners

Card Number:

Card Holder: _____

Expiry Date /

Card Holders Signature _____

Direct Debit:

BSB: 063 303

Account No: 1004 9522

Please quote Invoice No. or company name as reference.