

To: Shelcom Corporate Services
Tel: (03) 9578 3888 Fax: (03) 9578 3844

✉ PO Box 282, Ormond, Vic 3204
📧 companies@shelcom.com.au

INSTRUCTIONS REGARDING BUSINESS NAME APPLICATION

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.

Business Name – 1st Pref: _____
Business Name – 2nd Pref: _____
Commencement Date: _____
Nature of Business: _____

ADDRESSES (PO Boxes are not acceptable)

Registered Address: _____

Business Address _____

PROPRIETOR DETAILS

Individuals

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

DOB: _____

Surname: Mr Mrs Ms Miss _____

Given Names: _____

Address: _____

DOB: _____

Company:

Company Name: _____

A.C.N.: _____

Registered Office: _____

Directors: _____

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.