

Credit Card Details

Visa       Master Card       American Express  
 \* American Express cards will attract a 2.75% surcharge

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ \$110.00

Signature: \_\_\_\_\_

Disclaimer - We do not provide legal, accounting or stamp duty advice and therefore take no responsibility for your taxation, legal or other liabilities which may arise from the work we perform on your instructions. We urge you to first obtain legal and accounting advice in relation to your affairs and in particular this transaction.

DIVISION 7A AGREEMENT

Please note that we provide a different form of Division 7A Agreement in the following circumstances:

1. The Lender is a trustee of a trust; and
2. The Borrower is a shareholder or associate of such shareholder of a private company that has or will have before the lodgment date of the current accounting period of the trust an unpaid present entitlement as a beneficiary under the trust.

Do the above circumstances apply to this order?       Yes       No

If you have ticked the Yes box please provide the name of the Trust.

NAME OF TRUST \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ACN \_\_\_\_\_

ADDRESS OF MEETING \_\_\_\_\_  
 \_\_\_\_\_

DATE OF LOAN AGREEMENT \_\_\_\_\_

FULL NAME OF DIRECTORS ATTENDING THE MEETING  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME OF CHAIRMAN OF MEETING  
 \_\_\_\_\_

NAME OF BORROWER

\_\_\_\_\_

IF BORROWER IS A TRUST, NAME OF TRUSTEE

\_\_\_\_\_

IF THE BORROWER OR THE TRUSTEE OF THE BORROWER IS A COMPANY PLEASE SUPPLY US WITH NAMES OF OFFICEHOLDERS WHO WILL SIGN THE AGREEMENT

\_\_\_\_\_

\_\_\_\_\_

THE BORROWER IS

a shareholder of the Company

Or

an associate of a shareholder

ADDRESS OF BORROWER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Details:**

**By completing this form you agree to the trading terms and conditions of Corporate Express found on [www.corporateexpress.com.au](http://www.corporateexpress.com.au) and acknowledge that Corporate Express will act as the lodging agent for all ASIC forms relating to this order.**

Name \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Delivery Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_