Credit Card Details

CORPORATE EXPRESS

www.corporateexpress.com.au

ABN 35 115 087 520

PO BOX 20247,
World Square NSW 2002

Suite 506, 267 Castlereagh Street
Sydney NSW 2000

Telephone (02) 9261 2100

admin@corporateexpress.com.au

☐ Visa   ☐ Master Card   ☐ American Express *
* American Express cards will attract a 1.75% surcharge

Name on card: _____

Card Number: _____

Expiry Date: _____ $ 385.00

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.

SUPERANNUATION FUND ORDER FORM

Name of Fund : _____

Date of Deed :
_____

IF TRUSTEE IS A COMPANY - COMPLETE

Name of Trustee Company   _____

ACN of Trustee Company   _____

Address of Trustee Company   _____

_____

Directors of the Trustee Company   _____
(Full names)

Chairman of Directors of the Trustee Company   _____

IF TRUSTEE ARE NATURAL PERSONS – COMPLETE

Full Name of 1st Trustee   _____

Address of 1st Trustee   _____

Name of 2nd Trustee   _____

Address of 2nd Trustee   _____

_____

Full Name of 1st Member: _____

Address of 1st Member _____

_____

Date of Birth of 1st Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)
Name of Employer _____

Address of Employer _____

_____

Full Name of 1st Member's Beneficiary (in the event of the Members death)

_____

Relationship of Beneficiary to 1st Member _____

Address of 1st Members Beneficiary _____

_____

Percentage of Death Benefit of Fixed Amount (%) _____

Full Name of 2nd Member: _____

Address of 2nd Member _____

_____

Date of Birth of 2nd Member _____ Place of Birth _____

(Is this person "self Employed"? YES/NO)
Name of Employer _____

Address of Employer _____

_____

Full Name of 2nd Member's Beneficiary (in the event of the Members death)

_____

Relationship of Beneficiary to 2nd Member _____

Address of 2nd Members Beneficiary _____

_____

Percentage of Death Benefit of Fixed Amount (%) _____

Your Details:

By completing this form you agree to the trading terms and conditions of Corporate Express found on www.corporateexpress.com.au.

Name _____

Contact _____ Email _____

Address _____

Phone _____