



## CITICAR MONTHLY ACCOUNT APPLICATION

**To avoid delays in the processing your application please ensure all the relevant information is completed accurately.**

Application Type

Name of Account:

Registered Company  
Name:

A.C.N. / A.R.B.N.

A.B.N.

Business Trading  
Name:

Trustee For:  
(if applicable)

Street Address:

Postal Address:

Email Address:

Telephone No (Day):

After Hours:

Mobile No:

Fax No:

**Accounts / Administration Contact :**

Name:

Telephone:

Email Address:

A Division of EQUITY TRANSPORT GROUP PTY LTD ABN 52 010 237 108  
And EQUITY TRANSPORT GROUP (QLD) PTY LTD ABN 29 071 051 459  
Administration: PO Box 1199 Fitzroy North Victoria 3068



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As we will be providing you with credit facilities, we require three trade references:

**Business Name:**

**Contact Name:**

**Telephone Number:**

1.

2.

3.

We understand that an itemised monthly Tax Invoice/Statement of all transactions and charges will be forwarded to us by Equity Transport Group.

We understand that Equity Transport Group's trading terms are strictly 30 days net and if the monthly account is not paid on time we may incur additional charges to our account, and credit facilities may be withdrawn. We further understand that we are liable for all charges incurred on this account, whether the services were booked by authorised personnel or an agent/third party.

**We understand and acknowledge to abide by the above monthly charge conditions:**

Authorised Signature:

Name of Authorised  
Person:

Company Position:

Date:

**Please return this completed form to: CitiCar Australia**

**By Email:** [accounts@citicar.com.au](mailto:accounts@citicar.com.au)

**By Post:** SSBH, P.O. Box 6383, Alexandria, N.S.W. 2015

**By Facsimile:** +61 (0) 2 9693 5963

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