

OFFICE USE ONLY

Lead source: Instore at Fuel Station

Merchant ID: 79288

## 1 Personal details

### TELL US ABOUT YOURSELF

Title  Mr  Mrs  Miss  Ms  Dr  
 Rev  Pro  Sir  Sister  Mr/Ms

First name  Middle name (optional)

Surname

Your position (person authorised to make this application on behalf of the organisation)

### HOW CAN WE CONTACT YOU?

Office number

Mobile number

Email address

### LET'S WORK OUT YOUR CREDIT LIMIT

Your credit limit determines how much can be charged to your account. Note your credit limit will be established based on our credit assessment process.

Set my limit to \$   
 Assign me a limit based on my info.

#### *i* HOW TO CALCULATE YOUR CREDIT LIMIT

Please calculate the **total amount** required for all cards on your account per six week period.

How to work out your **total amount**:

\$ Fuel & oil + \$ Other purchases\* = \$ Total amount

\*Remember to include any additional purchases, such as tyres, service or repairs.

How to work out your **total limit**:

\$ Total amount X Number of cards X 6 weeks = \$ Total limit

### PASSWORD

Please choose a password for telephone verification:

## 2 Business details

### NOW TELL US ABOUT YOUR BUSINESS

Registered company name (in full):

Company ABN:  Company ACN:

Business trading name (will be embossed on the card, must be 26 characters or less)

Trading address:

Postal address:   As above

IS YOUR BUSINESS A PARTNERSHIP OR TRUST?  Yes  No  
 (if applicable please complete, a minimum of two partners must be disclosed)

#### PARTNER/TRUSTEE ONE DETAILS

Title  Mr  Mrs  Miss  Ms  Dr  
 Rev  Pro  Sir  Sister  Mr/Ms

First name  Middle name (optional)

Surname

Date of birth (day/month/year)  Drivers licence number

Address (no PO boxes)

Company name/trustee details:

Company ABN:  Company ACN:

#### PARTNER/TRUSTEE TWO DETAILS

Title  Mr  Mrs  Miss  Ms  Dr  
 Rev  Pro  Sir  Sister  Mr/Ms

First name  Middle name (optional)

Surname

Date of birth (day/month/year)  Drivers licence number

Address (no PO boxes)

Company name/trustee details:

Company ABN:  Company ACN:

### 3 Card details

#### NOW LET'S SET UP YOUR FUEL CARD

A monthly management fee per card will apply.

#### DEFINITIONS AND CODES

CARD TYPES	Code	CARD CONTROLS*	Code
<b>Vehicle Only</b> This card can only be used with the assigned vehicle.		<b>All products</b>	<b>ALL</b>
<b>Driver Only</b> This card can be used with any vehicle but only by the assigned driver.		<b>All vehicle expenses</b>	<b>A/V</b>
<b>Vehicle &amp; Driver</b> This card can be used with any vehicle but only by the assigned driver.		<b>Fuel &amp; oil only</b>	<b>F/O</b>

\*Customised restrictions are available on request.

**PIN AUTHORISATION**  
Must be set prior to use

**ODOMETER READING**  
Is not available with 'Driver Only' cards and this facility may not be available at all fuel sites

#### CARD DETAILS (Please fill in the relevant fields for each fuel card required)

##### CARD 1

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 2

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 3

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 4

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 5

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 6

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 7

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 8

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

##### CARD 9

Driver's name (up to 20 characters)

Vehicle registration (up to 8 characters)

Card type

ALL  A/V  F/O
  Yes  No  Set later
  Yes  No

If you would like to add more cards this can be done through our online application or after your account has been set up.

### 4 Billing details & confirmation

#### WOULD YOU LIKE PAPER STATEMENTS?

Electronic statements will be sent to you free of charge. Paper statements are available and will incur a fee. Please refer to the Fee Schedule at [motorpass.com.au/terms-and-conditions](http://motorpass.com.au/terms-and-conditions)

Yes  No

#### HOW OFTEN WOULD YOU LIKE TO PAY YOUR ACCOUNT?

Weekly  Fortnightly  Monthly

If you would like to pay by direct debit or direct credit, you can set this up once you receive your login to our Online Service Centre.

PROMO CODE: If applicable

#### CONFIRMATION

- Yes, I accept the WEX Motorpass Terms and Conditions and I am authorised to complete this application on behalf of the organisation, trust and/or partnership, available at [wmp.cards/tcs](http://wmp.cards/tcs)
- Yes, I accept the WEX Motorpass Privacy Policy & General Acknowledgements, available at [wmp.cards/privacy](http://wmp.cards/privacy)

Signature:

Date:



#### Please return completed applications to:

WEX Australia, Reply Paid 5342 Melbourne VIC 8060  
or email to [sales@wexaustralia.com](mailto:sales@wexaustralia.com)  
Enquiries: 1300 722 525 Fax: (03) 9274 9170

