



# Neca Motorpass Application Form



Please return completed applications to:  
Motorpass, Reply Paid 5342 Melbourne VIC 8060  
Enquiries: 1300 130 523 Fax: (03) 9274 9170



**Did you know you can apply online?**  
For the fastest and most convenient way to apply, visit [www.motorpass.com.au](http://www.motorpass.com.au)

## Account Details (All applicants to complete relevant sections)

Company    Partnership    Sole Trader  
 Incorporated Club/Association    Other: \_\_\_\_\_

Registered Company Name (in full): \_\_\_\_\_

Company ABN: \_\_\_\_\_ Company ACN: \_\_\_\_\_

Trustee (if applicable): \_\_\_\_\_

Business Trading Name (in full): \_\_\_\_\_

Trading Address: \_\_\_\_\_

Postal Address:  As above ▲ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone Number (landline): \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of business / industry: \_\_\_\_\_

Date Business Commenced, if under 3 years, details of owners'/directors' previous experience: \_\_\_\_\_


Registered for GST?  Yes    No   **PROMO CODE:** (if applicable) \_\_\_\_\_

Please choose a password for Telephone Verification

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Credit Limit Requested

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

 **Example:** 3 cards x \$200 each per week = \$600  
 \$600 x 6 weeks = **\$3,600 Total Credit.**

Fuel & Oil	Other purchases*	Total Credit Limit Requested
\$ _____	+ \$ _____	= \$ _____

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

## References (To be completed by all business applicants including Sole Traders)

Name of External Accountant:	Telephone Number (landline):
Trade Reference 1:	Telephone Number (landline):
Trade Reference 2:	Telephone Number (landline):

## Member get member reward!

**ACCOUNT/MERCHANT NAME**  
Enter referrer details (if applicable)

**ACCOUNT/MERCHANT NUMBER**

## Payment Options

**OPTION 1 - Direct Debit billed**    Weekly    Fortnightly    Monthly  
(14 days from statement date)

**Request and Authority to debit** the account named below to pay Wright Express.

Surname or Company: \_\_\_\_\_ Given Names or ABN/ARBN: \_\_\_\_\_  
 \_\_\_\_\_ ("you")

We request and authorise Wright Express (Direct User Identification Number 028424) to arrange, through its own financial institution, for any amount Wright Express may debit or charge us from time to time to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to Wright Express, subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and address of the financial institution at which the account is held**

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insert details of account to be debited**

Account Name (ie. JOHN SMITH): \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and us as set out in this Request and in this Direct Debit Request Service Agreement. Debit Payments will be made fourteen days after the issue of a billing advice.

**Before signing, read the Direct Debit Request Service Agreement below ^**

(for a company, sign and print full name and capacity for signing)

Signature: _____	Date: _____
<b>X</b>	
Full Name: _____	Capacity (ie. Director): _____
Address: _____	

**OPTION 2 - Payment by Credit Card billed**    Weekly    Fortnightly    Monthly

I/We authorise Wright Express to debit on an ongoing basis the credit card detailed below with the balance due in accordance with the Terms and Conditions of Account. (Please note, a billing administration fee of 1.3% applies to all Visa & Mastercard payments, and 2.1% to all AMEX payments)

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

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

VISA    MASTERCARD    AMEX

Expiry Date: \_\_\_\_\_


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


**X**

## FEES

Management Fee	Card Fee	Total Fee
\$4.82	\$1.20	\$6.02

Please call our Sales Dept. for details - 1300 130 523

 Motorpass statements will be sent electronically to your nominated email address.

  Please send me paper statements: a fee of **\$3.95 per statement** applies.

**Direct Debit Request Service Agreement** This agreement sets out the terms on which you have authorised Wright Express to arrange for amounts owing to Wright Express to be debited from your account at your financial institution. 1. Debiting arrangements – Our ('Wright Express') obligations to you: The details of your debiting arrangement are shown in your Direct Debit Request (DDR). By you signing the DDR, you authorise us to debit the amounts that become payable to us from your account at the financial institution written on your DDR. We will only arrange for funds to be debited from your account if we have sent to the address stated on the DDR a billing advice specifying the amount payable by you to us and when it is due. If a debit date falls on a day which is not a business day, the debit will be made on the next business day. We will keep your direct debit records and account details confidential, except where the disclosure of certain information is required by law or is necessary for the purposes of this agreement. We may vary any details of this agreement at any time after giving you 14 days written notice. 2. Your rights – You can discuss, and in some instances change, arrangements under the DDR by phoning us on 1300 366 109. If you wish to stop, defer or cancel the payments under the DDR, you must notify us in writing at least 3 business days before the next debit date. If you consider that there has been an error in debiting your account, you should call us on 1300 366 109 in the first instance. If we cannot resolve the matter, you can still refer it to your financial institution. 3. Your responsibilities – It is your responsibility to: • ensure that your financial institution accepts direct debits on your nominated account (direct debiting may not be available on all accounts); • ensure that there are sufficient funds in your nominated account by the due date to enable debits to be made by us. If debiting is unsuccessful due to insufficient funds, we reserve the right to re-draw at such times as we determine and you may be charged a fee by us and your financial institution; • ensure that your account details on your DDR are correct and that the authority given to us to debit your nominated account is consistent with the account authority or signing instructions held by your financial institution for that account; • advise us if your nominated account is transferred, closed or any other account details change; • arrange a suitable payment method if your debiting arrangements are cancelled; and • ensure that any goods and services tax on a supply made in connection with this agreement incurred by us is payable by you.

