

Confidential Dealership Application



A. Dealership

Company Name

Business Address
 Postcode.....

Postal Address.....
 Postcode.....

Business Telephone Mobile Fax

Email ABN

General Contact Name.....

Telephone Email

Commission Contact Name

Telephone Email

B. Details of Directors (as applicable)

Please note – details of ALL company directors must be provided.

Title (Mr Mrs Ms)	Given Name	Family Name	Position in Company (please specify if you are Sole Director)
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.....
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.....

Please note the name entered in this section will be the name which will appear on your agreement.

... continued overleaf

C. Declaration by Applicant

I/We declare that the above information is true and correct to the best of my/our knowledge at the time it was provided and I/we understand that any payment to this AFS Licensee can only be made upon execution of the appropriate Licensee to Licensee Agreement.

Executed by (Company Name)

Company ABN/ACN

Signature of Director

Signature of Director/Secretary

X

X

Name of Director

Name of Director/Secretary

X

X

Date

Date

.....

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Please note for a proprietary company, which has a sole director who is also the company secretary, then the director can sign the Application as owner.

D. Bank Account Details (for commission or other payments)

BSB/State/Branch No.

Account No.

Name of Financial Institution.....

Account Name

E. Forwarding Details

Please also forward the following information with this application:

1. Copy of AFS Licence.
2. For Pty Ltd Company – Copy of Certificate of incorporation, including ABN.
3. Copy of Registration of Business Name Certificate (if relevant).