



HUGHES MONTHLY CREDIT CARD 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:

Names of People
Authorised to Book:

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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Credit Card Details:

Name on Card:

Type of Card:

Visa

MasterCard

Amex

Diners

Other

Card Number:

Expiry Date:

CCV/CVV Number:

(Or Amex 4-Digit ID Number)

We hereby authorise Equity Transport Group to charge all transfers made on this account during any particular month to the credit card listed above. I/We undertake to guarantee sufficient credit on this card to enable the charge to be processed.

We understand that an itemised statement of the charges will be forwarded to us by Equity Transport Group as a receipt of the charge/s to the above card for tax purposes.

Our credit facilities may be terminated by Equity Transport Group if insufficient funds are available to process any charges. The card-holder may revoke the credit card authorisation by giving Equity Transport Group 30 days written notice provided all outstanding charges have been finalised.

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: Hughes Limousines - Website Application

By Email: res@hugheslimousines.com.au

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

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