Hi-Tec Oil Traders Pty Ltd ABN 28 053 837 362
5 Tarlington Place, Smithfield NSW 2164
Correspondence: PO BOX 322, Castle Hill NSW 1765
Ph: 1300 796 009 | **(INT'L)** +61 2 9616 5700
Fax: +61 2 9604 1611 | **Email:** accounts@hi-tecoils.com.au

www.hi-tecoils.com.au

C.O.D CUSTOMER

Company Name: _____

ABN Number: _____

Delivery Address: _____

Office Phone No: _____ Workshop Phone No: _____

Mobile No: _____ Fax No: _____

Email Address: _____

Office Contact Name: _____

Workshop Contact Name: _____

Pricing Structure: _____

Sales Representative: ****Enter Rep Name Here****

Customer Number: _____

Cheque/ Savings Accountor Credit Card Authorisation

☐ I/We request and authorise Hi-Tec Oil Traders Pty Ltd (353471) to arrange, through its own financial institution, a debit to your nominated account any amount Hi-Tec Oil Traders Pty Ltd (353471), has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution:

Branch:

Account Name:

BSB Number: | | | | - | | | | Account Number: | | | | | | | | | |

I/We request and authorise Acknowledgment. By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Hi-Tec Oil Traders Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

OR

☐ I request you Hi-Tec Oils Traders Pty Ltd to arrange for funds to be debited from my nomimnated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry Date: | | | / | | |

Cardholder Name:

Signature: _____ Date: _____