

**Open an Account with reeFUEL
please enter details below.**

Then fax to 4724 3537



please call first on 0410 450 351 to confirm fax is connected.

Name of
Organisation

Trading As /
Business

ABN

Registered for GST?

What is your address for correspondence and billing?

Postal Address Line 1

Postal Address Line 2

Postal Address Line 3

Post Code

Who do we contact in your organisation regarding reeFUEL accounts?

First Name

Family Name

Title (Dr, Mrs, Mr,
Ms)

Job Title

Phone No. (Bus)

Mobile No. (Bus)

Fax No. (Bus)

email

Who do we contact regarding reeFUEL Deliveries?

First Name

Family Name

Title (Dr, Mrs, Mr,
Ms)

Job Title

Phone No. (Bus)

Mobile No. (Bus)

Fax No. (Bus)

email

Please give us you bank details for billing.

Bank Account Name

BSB Number

Bank Account
Number

Name of Bank

Branch