

BusinessChoice Reprint Statement Request

Complete this form each time you want to reprint a statement.

- Once this form has been completed please forward to your Westpac representative or branch for verification and on forwarding to the Vouchers/Statement Retrievals Team for processing. Where you have setup a fax indemnity and authorised signatories with Westpac, this form can be faxed directly to Commercial Cards on (02) 9374 7003

Cardholder number (16 digits) Cardholder name

Company name Facility number

Section 1 Reprint Statement

Cardholder Statement

Reprint cardholder statement...closing date of required statement(s) >.. / / / / / /

Reprint cardholder statement..... / / To > / /

Billing Statement

Reprint billing statement...closing date of required statement(s) > / / / / / /

Reprint cardholder statement..... / / To > / /

Statement to be Faxed **OR** Mailed **Please note:** request greater than 15 pages will be mailed

Section 2 Authorisation

This Authorisation must be completed by the following people for the appropriate business type:

- Company (Including any company acting as a trustee) – Sole Directors or 2 Directors or 1 Director and 1 company Secretary
- Partnership – 2 Partners
- Other – Authorised signatory/ies as Principal/s
- Trust with non-corporate trustee/s – Trustee/s
- Sole Trader – the Sole Trader

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories who sign this form are authorised to do so under the current authorisation and in the manner stated in the authorisation.

Company/Business name ABN ACN and/or ARBN

By Authorised signatory/Principal 1 (print name) By Authorised signatory/Principal 2 (print name)

Signature **Date** / / **Signature** **Date** / /

Section 3 Mailing Details

Requestor name

Mailing address

Contact phone number () Fax number ()

Westpac Use Only

Westpac representative has verified signature(s) and that the form is signed in terms of authority held. Complete details below.

OR

Where this form has not been signed in Section 2, tick this box to confirm written authorisation (*email/letter/fax*) has been obtained and signature(s) have been verified.

Westpac representative's name

Contact phone number

Signature

Date

