

Virtual Purchasing Card – Adding a Card Account

Facility Details

Company/Business Name

Facility Number

Name of Sublevel within Facility (Please ensure the name is an exact match to that is listed on the facility)

Note: If an existing sublevel does not exist please complete the Sublevel Hierarchy Form

Card Account Details

The confirmed details of the Card Account will be sent to the nominated mailing address held for the Facility or, if not held, to the nominated mailing address for the relevant sublevel.

Credit Limit

Nominate a credit limit for the Virtual Card Account

\$ (Multiples of \$100)

Note: the credit limit must not exceed the facility limit for the total of Card Accounts.

Merchant and Transaction Limit Restrictions

Please nominate the below merchant category(ies) and nominate a transaction limit if applicable that will apply to the Card Account.
NOTE: Cash access at an ATM and Branch is not available.

- | | |
|--|---|
| <input type="checkbox"/> Airlines
Amount <input type="text"/> | <input type="checkbox"/> Financial Services
Amount <input type="text"/> |
| <input type="checkbox"/> Auto Expense
Amount <input type="text"/> | <input type="checkbox"/> Lodging
Amount <input type="text"/> |
| <input type="checkbox"/> Auto Rental
Amount <input type="text"/> | <input type="checkbox"/> Medical
Amount <input type="text"/> |
| <input type="checkbox"/> Business Expense
Amount <input type="text"/> | <input type="checkbox"/> Personal Services
Amount <input type="text"/> |
| <input type="checkbox"/> Communications
Amount <input type="text"/> | <input type="checkbox"/> Professional Services
Amount <input type="text"/> |
| <input type="checkbox"/> Food & Beverage
Amount <input type="text"/> | <input type="checkbox"/> Retail
Amount <input type="text"/> |

Authorisation

By Signing below, the Principal (or Applicant Principal as relevant)/Authorised Signatory

- Requests the issue of a new Card Account or the revision of an existing Card Account under the nominated Facility as detailed above; to be used by any Authorised Signatory to the Card Account on the terms set out in the Virtual Purchasing Card Facility Terms and Conditions ('Facility Conditions') and Card Conditions of Use.
- Agrees to notify all relevant Authorised Signatories and Authorised Users of the detail of the new or revised Card Account

Principal's Use

Signed for and behalf of Company/Business Name

By Authorised Signatory/ies, Director/Secretary (print name)

1.

2.

Signature

Date

Signature

Date

Our privacy policy is available at westpac.com.au or by calling **132 032** and covers how we handle your personal information.

Bank Use only

Branch/Department to verify Principal's Signature(s) and forward request to Card Centre. Request Signed in terms of authority held.

Managers Name

BSB

Contact phone no.

Managers Signature

Salary number

Stamp