



Commercial Card – Requesting an Individual Cardholder Statement or Company Report

Please complete this form when requesting an individual cardholder statement or company report for all Commercial Card Products.

Section 1 – Organisation Details

Organisation name

Facility Number

Section 2 – Cardholder Statement

Load to Voucher

Please complete this section if you would like a reprint of a cardholder statement.

Cardholder Name	Cardholder Card Number	from Month/Year	to Month/Year
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>

Section 3 – Company Report

Load to CCU

Please select the report you require including from Month/Year and to Month/Year.

<input type="checkbox"/> Consolidated Monthly Report ➤	<div></div>	<div></div>
<input type="checkbox"/> Billing Account Statement ➤	<div></div>	<div></div>
<input type="checkbox"/> Commercial Card Automated Payment ➤	<div></div>	<div></div>
<input type="checkbox"/> Cardholder Listing Report ➤	<div></div>	<div></div>
<input type="checkbox"/> Company Hierarchy Detail Report ➤	<div></div>	<div></div>
<input type="checkbox"/> Inactive Card Report ➤	<div></div>	<div></div>
<input type="checkbox"/> Cardholder Spending Limit List ➤	<div></div>	<div></div>

Section 4 – Delivery Address

Reports and statements will be provided electronically to the nominated email address below:

Email Address

Section 5 – Authorisation

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories are authorised to do so under the current authorisation held by the Bank. This form is to be signed by:

Company: Two Directors or a Director and Company Secretary

Trust: Trustee - if a Company (see above) or by an Individual Trustee

Association: in accordance with Minutes of Meetings or other authority

Partnership: Two Partners or other authority

OR

Authorised Signatory(ies)

To be signed in accordance with the instructions provided by the Organisation at establishment of the facility

Signatory 1

Name

Position/Title

Signature

Date

Signatory 2

Name

Position/Title

Signature

Date

Please send completed forms to commercialcards@westpac.com.au

Westpac Use Only

Westpac representative is to verify signatures and check that the form has been signed in terms of authority held if signed by Director/Secretary.

Westpac Representative Name

Signature

Phone

Salary Number

Date