

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 De | tails | | | | | |
|---------------------------------------|--------------------|-------------|---------------|-----------------|---------------|-----------------|
| Organisation name | | | | | | |
| Facility Number | | | | | | |
| Section 2 - Cardholder Stat | ement | | | | | Load to Voucher |
| Please complete this section if y | ou would like a r | eprint of a | cardholder s | statement. | | |
| Cardholder Name | Cardholder Card | d Number | | from Month/Year | to Month/Year | |
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| Section 3 - Company Repo | rt | | | | | Load to CCU |
| Please select the report you req | uire including fro | m Month/ | Year and to I | Month/Year. | | |
| Consolidated Monthly Rep | ort ≻ | | | | | |
| ☐ Billing Account Statement ➤ | | | | | | |
| ☐ Commercial Card Automated Payment ➤ | | | | | | |
| ☐ Cardholder Listing Report ➤ | | | | | | |
| ☐ Company Hierarchy Detail Report ➤ | | | | | | |
| ☐ Inactive Card Report ➤ | | | | | | |
| Cardholder Spending Limit | t List ➤ | | | | | |

| Section 4 - Delivery Ac | Idress | | | | | | | |
|--|--|---------------|---|------------|--------------------------|--|--|--|
| Reports and statements wi | ll be provided electronically t | to the nomin | nated email address below: | | | | | |
| Email Address | | | | | | | | |
| | | | | | | | | |
| Section 5 - Authorisation | on | | | | | | | |
| | n accordance with the curren atories are authorised to do : | | | | | | | |
| Company: Two Directors or a Director and Company Secretary | | OR | Authorised Signatory(ies) To be signed in accordance with the instructions provided by the Organisation at establishment of the facility | | | | | |
| Trust: Trustee - if a Comby an Individual Trustee | | | | | | | | |
| Association: in accordal Meetings or other authorized | | | | | | | | |
| Partnership: Two Partne | ers or other authority | | | | | | | |
| Signatory 1 | | Si | Signatory 2 | | | | | |
| Name | | Na | Name | | | | | |
| | | | | | | | | |
| Position/Title | | Po | osition/Title | | | | | |
| Signature Date | | Signature | | | Date | | | |
| X | // | x | | | / / | | | |
| Please send completed for | rms to gtscards@westpac.co | ⊢ om.au | | | | | | |
| Westpac Use Only | | | | | | | | |
| Westpac representative is t Director/Secretary. | o verify signatures and chec | k that the fo | rm has been signed in tern | ns of autl | hority held if signed by | | | |
| Westpac Representative Na | ame | | | | | | | |
| Signature | | | | | | | | |
| X | | | | | | | | |
| | | | | | | | | |
| Phone | Salary N | Number | Da | ate | | | | |
| () | | | | / / | / | | | |