

# Commercial Card – Requesting an Individual Cardholder Statement or Company Report.

Please complete this form when requesting an individual cardholder statement or company report for Corporate, Purchasing, Virtual Purchasing or Employee Benefits Card.

## 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	Month and Year
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>

## Section 3 – Company Report. Load to CCU

Please select the report you require including the month and year.

<input type="checkbox"/> Consolidated Monthly Report ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Billing Account Statement ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Commercial Card Automated Payment ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Cardholder Listing Report ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Company Hierarchy Detail Report ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Inactive Card Report ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>
<input type="checkbox"/> Cardholder Spending Limit List ▶	<input style="width: 20px; height: 25px;" type="text"/> / <input style="width: 20px; height: 25px;" type="text"/>

## 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](mailto: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