

Please complete this form and sign below. Please print clearly in ink using BLOCK letters

Which VicRoads online services are you applying for? (tick one only)

- Vehicle Registration Enquiry
 Written-off Vehicles Register
 Electronic Fleet Registration Scheme

Organisation Details

Business type (please tick all that apply)

- Motor car dealer
 Financier
 Insurer
 Other (please specify)

Company Information

Company Name									
Trading Name					ACN				
LMCT Number					ABN				
Company Address									
Suburb					State		Postcode		
Postal Address									
Suburb					State		Postcode		

Contact Information

Surname				Given Name				Title	
Address									
Suburb					State		Postcode		
Work Telephone			Facsimile			Mobile			
E-mail Address									

Company Bank Account Details

Name of Bank					Branch				
Account Name				BSB Number		Account Number			

Payment by Credit Card (This payment option may not be available for all services)

Credit Card Number						Date of Expiry			
Name of Cardholder					Signature of Cardholder				

- Mastercard
 Visa

I/We authorise, until further notice, VicRoads to debit all charges relating to the business transactions performed on a daily basis from the above account/credit card.

Your Authorisation

Signature					Signature													
Title					Title													
Date		D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y

Organisation Declaration

On behalf of the company named above, I wish to apply for VicRoads online services. The company agrees to abide by the VR online Terms and Conditions.

Surname					Given Name				
Signature of Company Representative					Position				
					Date		D	D	M