A Distributor of BP Products

Reliance Petroleum Direct Debit Form

Please complete this form and **fax it to us on 1300 665 211** or **mail it to:**
Reliance Petroleum, Attention Credit Department, Reply Paid, PO Box 6138, Hawthorn West VIC 3122.

Terms & Conditions are on our website www.reliancepetroleum.com.au Centrel Pty Ltd ABN 50 091 614 667

Take advantage of our Early Payment Discount

You can choose either our standard 21 Day Direct Debit terms or 7 Day Direct Debit, which gives you a discount on your fuel purchases when your account is paid in 7 days from the statement date. As of 1st January 2010, the 7 Day Direct Debit discount is $0.004 per litre; 0.4 cents per litre (cpl). Please note this discount is subject to change – refer to our website for the most up to date rates: www.reliancepetroleum.com.au. This rate applies to 7 day direct debit customers only – excludes all Commercial contract customers.

☐ Please tick to take advantage of our 7 Day Direct Debit.

☐ Please tick for 21 Day Direct Debit.

Customer to complete:

Reliance Account Number:	Account Name:

Request Debiting Amounts to Accounts by the Direct Debit System

Request for Direct Debiting Bank Accounts:

Insert Name and Address of Financial Institution Where Account is held _____ Date _____

_____

_____

Insert your Name in full I/We _____ (Surname or Company Business Name) _____ (Given Name or ACN/ABN)

request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which Reliance Petroleum ("The User") may debit or charge me/us through the Direct Debit System. I/We understand and acknowledge that

1. The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us, terminate this request as to further debits.
3. The User may by prior arrangement and advice to me/us, vary the amount and/or frequency of direct debits.
4. This Direct Debit arrangement is governed by the terms of the Customer Service Agreement (see over).

Customer Signature(s) _____ _____ (If joint account all signatures may be required)

Insert Name of account which is to be debited _____

BSB Number ___ ___ ___ — ___ ___ ___

Account Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Note: Direct Debiting is not available on the full range of accounts, if in doubt please refer to your Financial Institution

Request for Direct Debiting Credit Cards:

Credit Card Number _____ Expiry Date ____

Cardholder Name _____

Card Type (Please Tick) ☐ Visa ☐ Mastercard Credit Card Validation Code / Security Code ____

Cardholder Signature _____

Office Use Only:

Processed By:	Alpha Code:	IDASS:	Date:	Account No.

02/09