Application form for Parcel Connect



Business name					
Business street address					
Suburb				Postcode	
State					
Contact Name				ABN	
Mobile phone number				Shop phone	
Email					
So we can pay you!					
BSB		E		Bank Account Number	
Trading hours					
	Open time		Close	time	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Name					
Signature					
Date					
To be completed by Fastway Couriers					
Regional Franchisee name					
Courier Franchisee name					
Territory name					
Territory number					

In completing this form you may be providing us with personal information. If so, we are required to provide you with a privacy collection statement. Our privacy policy and our privacy collection statement are available on the Fastway Couriers website at www.fastway.com.au