

Reseller Application Form

(Application for Cash Account)

Full Registered Company or Trading Name:

Trading Name: (If Different)

Business Address:

Suburb: _____ State: _____

Country: _____ Post Code: _____

ABN: _____ ACN: _____

Date of Incorporation:

State Of Incorporation:

Company Phone No: _____ Fax No: _____

Company Website:

GENERAL CONTACT INFORMATION

(Accounts Contact)

Full Name: _____ Title: _____

Phone No: _____ Mob
No: _____

Email Address:

(Applicant)

Full Name: _____ Title: _____

Phone No: _____ Mob
No: _____

Email Address:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge .I confirm that I am authorized to apply to be a reseller and have read and agree to Command's Trading Terms and Conditions and apply for our company to establish a cash account with Command Pty Ltd.

Signature: _____ Date: _____