

ORDER FORM - COMPANY NAME RESERVATION

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

PARTY RESPONSIBLE FOR PAYMENT - NAME _____

ADDRESS _____

There are two categories for a reservation of name:

1. A new company name

COMPANY NAME _____

2. A change of name on an existing company

EXISTING COMPANY NAME _____

A.C.N. NUMBER _____

PROPOSED NEW NAME for reservation _____

LIST ALL CURRENT OFFICEHOLDERS AND MEMBERS IN THE COMPANY

POSITION HELD **DIRECTOR** **SECRETARY** **MEMBER**

FULL NAME _____

ADDRESS _____

POSITION HELD **DIRECTOR** **SECRETARY** **MEMBER**

FULL NAME _____

ADDRESS _____

POSITION HELD **DIRECTOR** **SECRETARY** **MEMBER**

FULL NAME _____

ADDRESS _____

POSITION HELD **DIRECTOR** **SECRETARY** **MEMBER**

FULL NAME _____

ADDRESS _____

PAYMENT DETAILS	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Credit Card Number _____	Expiry Date _____	
Name of Cardholder _____	Signature _____	
Or Direct Deposit	Shelfcom	BSB: 105-900 Account No: 978220340
Amount Due: \$105.00		