



Account Application Form  
Fax: (02) 4285 9129  
email: [accounts@freightex.com.au](mailto:accounts@freightex.com.au)

Company Name: .....

Pickup/Delivery Address: .....

.....

Business Hrs: Mon-Fri ..... Saturday .....

Contact: ..... Email:.....

Phone: ..... Fax:.....

**ACCOUNTS:**

ABN: .....

Postal Address: .....

.....

Contact: ..... Email: .....

Phone: ..... Fax: .....

I have read, understand and agree with your Service Terms and Account Terms & Conditions ( to view please visit [www.freightex.com.au](http://www.freightex.com.au) ).

Signed: ..... Date:...../...../.....  
(Print Name/Position and Sign) **Only Authorised person to sign.**

***'Express Freight Specialists'***