



REFERRER APPLICATION

Please return this Referrer Application to
 PO Box 190, Flinders Lane,
 Melbourne, Vic, 8009 or fax to
 (03) 9629 5550.

SECUREPAY USE ONLY
Referrer ID:
Account Manager:
Referrer ID:
Date Received:
T & C Version: REFAV4
Accepted:

PH 1300 786 756

SecurePay Pty Limited
 ABN 92 088 101 875

PART 1: REQUIRED INFORMATION	
Name by which the Referrer is to be known:	
<input type="checkbox"/> New application (Complete all parts)	OR <input type="checkbox"/> Change of details (Complete Parts that have changed)

PART 2: APPLICANT DETAILS	
Company, Trust, Partnership or Proprietor Name (as applicable):	
ABN/ACN/ARBN (as applicable):	
Street Address:	
Suburb / Town:	
State:	Postcode:
Postal Address (if different to above):	
Web Site Address: www.	
Cart Address (if different to Web Site Address): www.	

PART 3: CONTACT DETAILS	
Operational	Name:
	Email:
	Phone: Mobile:
Technical (if different to above)	Name:
	Email:
	Phone: Mobile:
Finance (if different to above)	Name:
	Email:
	Phone: Mobile:

PART 4: COMMISSION (excluding GST)	
Commission Rate	20%
Commission will be paid on the Initial Payment of Services Application plus 2 renewals thereof	

PART 5: BANK DETAILS	
Details of bank account into which Commissions will be paid	
Name of Account:	
Name of Bank:	
BSB:	
Account Number:	

PART 6: AGREEMENT	
By signing Part 6 you agree to be bound by the Terms and Conditions published on the SecurePay website at www.securepay.com.au .	
Authorised signature:	
Name:	
Date:	