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✉ enquiries@freightex.com.au

🕒 Monday to Friday 7 am to 5 pm

Account Application Form

Company Name:

Pick-Up Address:

Delivery Address:

Business Hours: **Monday -Friday** **Saturday**

Contact Person: Phone Number (mobile):.....

Email address:

ACCOUNTS:

ABN:

Postal Address:

Contact Person: Phone Number:

Email address:

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

Signed: Date:/...../.....

(Print Name/Position):

'Express Freight Specialists'