

COMPANY NAME RESERVATION FORM

APPLICANT DETAILS - NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

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. _____

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 | Amount Due: \$169.00 |
| <small>(please call our office on 08 8231 6661 if you would prefer to pay by credit card over the phone)</small> | |
| Credit Card Number _____ | Expiry Date _____ |
| Name of Cardholder _____ | The Cardholder authorises Shelfcom to charge this credit card |
| Or Direct Deposit Shelfcom BSB: 105-900 Account No. 978220340 <i>(quote company name as reference & attach proof of payment)</i> | |