

Application form for Parcel Connect



Business name			
Business street address			
Suburb		Postcode	
State			
Contact Name		ABN	
Mobile phone number		Shop phone	
Email			
So we can pay you!			
BSB		Bank Account Number	

Trading hours

	Open time	Close time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Name _____

Signature _____

Date _____

To be completed by Fastway Couriers

Regional Franchisee name	
Courier Franchisee name	
Territory name	
Territory number	