GCo Fuels Card Application



Applicant name										
Company name										
Physical address										
Delivery address(if different to physical address)										
Email										
Mobile number										
Allowed purchases (Fuel or	diesel only or al	l Purchases)								
Choose a card type (Note: e	ach brand has it	s own individual card)	(√ in box)							
GCo BP Card	GCo Mobil Card	GCo Wait	omo Card							
Estimated Monthly Spend (All cards)									
	All cards;									
<u>Card</u> Details										
Name on card (Max 10 Characters)	Or registration No on card	Transaction limit (\$) (\$200, \$250, \$400)	Monthly limit (\$) (\$500,\$1000, \$2000)	Pin (4 digits)						
	•									
Continue on separate sheet if neces	ssary									
GCo will email you a copy of	the monthly in	voice by the 2 nd working	g day of each month.							
The abovenamed applicant	("I", "me") agre	es:								
 have not made the To pay all amounts following month of month on all overd To reimburse, on de basis), and other co To a credit check th Either GCo or I may I will cease using, an return of all FuelCa 	purchase persons due on the GC invoice by GCc ue amounts untilemand, GCo all dosts incurred by that may be comportant agreement I remain liablinds.	nally. Co Fuelcard(s) by way of the control of the	the GCo Fuelcard(s) issue of Direct Debit on the 5 th stract default interest at honour fees, legal (on a so unts owing to GCo by mean days' written notice. Up on, the Fuelcard(s), and for	th of the month the rate of 2% per olicitor – own client on termination, for the immediate						
If the applicant is a compar performance by the applicar indemnifies GCo against all I	nt of all its obliga	itions under this agreen	nent, including payment o	of all sums due, and						
Name		······································								
Date										

Please return both the completed Fuelcard application form and direct debit form to info@gco.co.nz

Please email info@gco.co.nz or call 021 923 424 for any queries.



Direct debit authority	GCO	FUI	ELS	SF	PECIALISTS
My account to be debited (acceptor)		nitiator's	author	isation	code
		0 2	3 9	5	2 8
Name of my bank:					
Bank Branch Account Suffix		3952	Approv 2		/23
From the acceptor to my bank: I authorise you to debit my account with the amounts of direct debit instructions are specified of the specified				corda	nce
Authorised signature/s:		Date:			
		1	<u>'</u>	<u>/</u>	
Specific conditions relating to notices and disputes 1) I agree that the initiator must give me at least 2 days' notice prior to each	ach direct d	lebit, pro	ovided	that	

- 1) I agree that the initiator must give me at least 2 days' notice prior to each direct debit, provided that where the direct debit is in a series, the Initiator is only required to provide 2 days' notice prior to the first direct debit in the series.
- 2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
- 3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
- 4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
- 5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
 - I didn't receive proper notice of the amount and date of the direct debit, or
 - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
- 6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only				
	Date Received:	Recorded by:	Checked by:	BANK STAMP
Original - Retain at B Copy - Forward to In			•	