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# Reseller Application Form

## Applicant

|  |         |                            |
|--|---------|----------------------------|
| The Applicant(s) Business/Trading Name:  |         |                            |
| Registered Company Name (If applicable): |         |                            |
| A.B.N.:                                  | ACN:    | Business Registration No.: |
| Business Address:                        |         |                            |
| Suburb:                                  | State:  | Post Code:                 |
| Postal Address:                          |         |                            |
| Suburb:                                  | State:  | Post Code:                 |
| Telephone No:                            | Fax No: |                            |
| Email:                                   |         |                            |
| Website:                                 |         |                            |
| Authorised Person's Name:                |         |                            |
| Signature:                               | Date :  |                            |

## Internal Use Only

|                                |             |
|--------------------------------|-------------|
| Collection Organised By: ..... | Date: ..... |
| Remarks: .....                 |             |
| .....                          |             |
| .....                          |             |
| .....                          |             |