

PLEASE RETURN BY FAX TO:
Virgin Australia Airlines
Accounts Department
Fax: 07 3295 9993



Virgin Australia Airlines
PO Box 1034
Spring Hill QLD 4004
AUSTRALIA

Australian Corporate Application for Account Checklist

**PLEASE ENSURE ALL INFORMATION IS PROVIDED BEFORE SUBMITTING
APPLICATION**

Existing account code (if applicable)	<input type="checkbox"/>
Valid ABN Number	<input type="checkbox"/>
Directors/Proprietors	<input type="checkbox"/>
THREE Trade References	<input type="checkbox"/>
Confirmation of Bank Name and Number (top of bank statement)	<input type="checkbox"/>

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Australian Corporate Application for Credit Account			
APPLICANT INFORMATION			
Applicant's existing Account Code:			
Applicant's Full Name:			
Company Full Name:			
ABN:			
Domestic Travel Budget:			
Business Address:			
City:	State:	Postcode:	
Postal Address:			
City:	State:	Postcode	
Phone:	Fax:		
E-mail Address for Itineraries:			
E-mail Address for Account Statements:			
Type of Business:		How long business established:	
Annual Turnover:			
DIRECTORS / PROPRIETORS			
1.	Name:		Phone:
	Address:		
	City:	State:	Postcode:
2.	Name:		Phone:
	Address:		
	City:	State:	Postcode:
3.	Name:		Phone:
	Address:		
	City:	State:	Postcode :
TRADE REFERENCES			
1.	Name:		Phone:
	Address:		
	City:	State:	Postcode:
2.	Name:		Phone:
	Address:		
	City:	State:	Postcode:
3.	Name:		Name:
	Address:		Address:
	City:	State:	Postcode :

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Australian Corporate Application for Credit Account

ABN 360 906 709 65



DIRECT DEBIT REQUEST SERVICE AGREEMENT

DEFINITIONS

Any proposed changes to details set out on the application form (including but not limited to any changes in ownership or directors) the Applicant must notify Virgin Australia in writing no later than 14 days prior to any proposed changes.

The Applicant applies for a Credit Account and confirms that the information provided above is correct and agrees to terms of the Agency Agreement.

The applicant agrees that Virgin Australia may give to and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a credit reporting agency information about its credit arrangements. The Applicant understands that this information can include any information about its credit worthiness, credit standing, credit history or credit capacity that credit providers are to give or receive from each other under the privacy Act.

The Applicant understands the information may be used for the following purpose:

- To assess any application for credit.
- To notify other credit providers of a default.
- To assess its credit worthiness.

This information provided above is to the best of my knowledge, and belief, true and correct. I warrant that I have read the terms and conditions of this proposal and have the authority to sign it. Signed for and on behalf of:

Name:

Title:

Signature (Director, General Manager or Partner only):

Date:

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DIRECT DEBIT REQUEST SERVICE AGREEMENT

DISPUTES

If you believe that there has been an error in debiting your account, you should notify us directly via e-mail at accounts@virginaustralia.com.au and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

If we conclude, as a result of our investigations, that your account has been incorrectly debited we will request your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will provide you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between you and us. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

ACCOUNTS

You should check:

- with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- your account details which you have provided us are correct by checking them against a recent account statement; and
- with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

CONFIDENTIALITY

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information we have about you:

- to the extent specifically required by law; or
- for the purpose of the Agreement (including disclosing information in connection with any query or claim).

NOTICE

If you wish to notify us in writing about anything relating to this Agreement you should write to:

Virgin Australia Airlines
Attention Accounts Department
PO Box 1034
Spring Hill QLD 4004

We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

Any notice will be deemed to have been received two business days after it is posted.

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DIRECT DEBIT REQUEST SERVICE AGREEMENT

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY

Virgin Australia Airlines Pty Ltd

REQUEST AND AUTHORITY TO DEBIT

Surname or Company Name:

Current Virgin Australia Agency Code:

Given Names or ABN:

Request and authorise Virgin Australia Airlines Pty Ltd ("Virgin Australia") (User ID Number: 126112) to process any amount Virgin Australia deems to debit or charge you from an account held at the Financial Institution below subject to the terms and conditions of the Direct Debit Request Service Agreement and further instruction that may be provided below.

NAME OF FINANCIAL INSTITUTION THAT HOLDS THE ACCOUNT

Financial Institution Name:

Branch:

ACCOUNT DETAILS TO BE DEBITED

Account Name:

BSB Number:

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Account Number :

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ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge having read this and understand the terms and conditions under which debit arrangements are made between you and Virgin Australia as laid down in this Direct Debit Request and in your Direct Debit Request Service Agreement.

PAYMENT DATE

We will issue you a statement setting out details of bookings (sales) net of any at source sales incentive payment made by you in the third week of each month (for sales made during the first two weeks of the month) and in the first week of the following month (for sales made during the remainder of the previous month); and we will directly debit your nominated bank account in the third week of each month (for sales net of any at source sales incentive payment made during the first two weeks of the month) and in the first week of the following month (for sales net of any at source sales incentive payment made during the remainder of the previous month).

SIGNATURE AND ADDRESS OF ACCOUNT HOLDER

Signature:

(If signing for an organisation, sign and print full name and capacity for signing, e.g. Director, Partner etc.)

Address:

City:

State:

Postcode:

E-mail:

Fax:

Date:

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