## **GCo Fuels Card Application**



Applicant name					
Company name					
Physical address					
Delivery address(if different to physical addr					
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 Mobil Card	· · · · · · · · · · · · · · · · · · ·	omo Card		
Estimated Monthly Spend (	All cards)	••••••			
<u>Card</u> Details					
Name on card	_	Transaction limit (\$)	Monthly limit (\$)	Pin	
(Max 10 Characters)	No on card	(\$200, \$250, \$400)	(\$500,\$1000, \$2000)	(4 digits)	
	•				
Continue on separate sheet if neces	ssary				
GCo will email you a copy of	the monthly inv	voice by the 2 <sup>nd</sup> working	day of each month		
	•		sady or each month.		
The abovenamed applicant	("I", "me") agre	es:			
		-	the GCo Fuelcard(s) issue	d to me, even if I	
have not made the	•	•	of Divost Dobit on the Ft	h _ £ + b + b	
• To pay all amounts due on the GCo Fuelcard(s) by way of Direct Debit on the 5 <sup>th</sup> of the month following month of invoice by GCo. Late payment will attract default interest at the rate of 2% per					
_	month on all overdue amounts until payment in full.				
<ul> <li>To reimburse, on demand, GCo all debt collection costs, dishonour fees, legal (on a solicitor – own client</li> </ul>					
basis), and other costs incurred by GCo in recovering amounts owing to GCo by me.					
<ul> <li>To a credit check th</li> </ul>		· ·			
•	nd I remain liabl	• • • • • • •	days' written notice. Upon, the Fuelcard(s), and fo		
		al by GCo, and GCo ma	y decline it at GCo's sole	discretion.	
If the applicant is a compar	ny, the person s	igning this application	agrees that s/he person	ally guarantees the	

performance by the applicant of all its obligations under this agreement, including payment of all sums due, and indemnifies GCo against all losses suffered by GCo arising out of the applicant's breach of this agreement.

Name	 	••••••
Date	 	
Signature	 	

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	LOEL2	SPECIALISTS
My account to be debited (acceptor)	Ir	nitiator's authori	sation code
		2 3 9	5 2 8
Name of my bank:			
Bank Branch Account Suffix		Approv 3952	09/23
From the acceptor to my bank:			
I authorise you to debit my account with the amounts of direct debit instru	uctions receiv	ed from	
<b>GCo Fuels Limited</b> ] (the 'Initiator') with the authorisation code specified with this authority until further notice from me.	on this autho	ority and in acc	cordance
I agree that this authority is subject to:			
<ul> <li>my bank's terms and conditions that relate to my account, and</li> </ul>			
<ul> <li>the terms and conditions listed below.</li> </ul>			
Authorised signature/s:		Date:	
		1	<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 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 Branch Copy - Forward to Initiator if requested				