



CONTACT: _____
PHONE: _____
FAX/EMAIL: _____

PRICES: (Incl. GST)	
<input type="checkbox"/>	\$809 (Regular Package)
<input type="checkbox"/>	\$699 (Emailed Package)

●Is company to act solely as trustee for a Self-Managed Super Fund?: Y N

●What is the State of Registration for the Company, if not Queensland?: _____

●COMPANY NAME REQUIRED:

1st Preference: _____

2nd Preference: _____

N.B. Proposed company names that are currently registered as business names - We confirm, when signing as a shareholder below, that the proprietors of the registered business name are the shareholders of the proposed company.

OFFICEHOLDERS & MEMBERS

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date of Birth: → → → Place of Birth:Town/City: _____ State/Country: _____

has consented to act as Dir Sec Sñholder Chairman Public Officer

If shareholder: No. of Shares: _____ Class of Shares: _____ Nom. Value (P/share): _____

Are Shares to be Beneficially Held? Yes No

If NO, as trustee for: _____

■ Signature of Officeholder/Member: _____ Dated: _____

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date of Birth: → → → Place of Birth:Town/City: _____ State/Country: _____

has consented to act as Dir Sec Sñholder Chairman Public Officer

If shareholder: No. of Shares: _____ Class of Shares: _____ Nom. Value (P/share): _____

Are Shares to be Beneficially Held? Yes No

If NO, as trustee for: _____

■ Signature of Officeholder/Member: _____ Dated: _____

Full Name: (Surname First) _____

Residential Address: _____

Postcode: _____

Date of Birth: → → → Place of Birth:Town/City: _____ State/Country: _____

has consented to act as Dir Sec Sñholder Chairman Public Officer

If shareholder: No. of Shares: _____ Class of Shares: _____ Nom. Value (P/share): _____

Are Shares to be Beneficially Held? Yes No

If NO, as trustee for (if applicable): _____

■ Signature of Officeholder/Member: _____ Dated: _____

ULTIMATE HOLDING COMPANY

Name of Ultimate Holding Company upon Registration (if applic.) _____

ACN/ARBN/ABN: _____ Country of Registration (if not Aust.): _____

ACN/ARBN/ABN: _____ Country of Registration (if not Aust.): _____

REGISTERED OFFICE (A CORNER STREET ADDRESS IS NOT ACCEPTABLE FOR BELOW ADDRESS)

(At office of) C/- _____

unit of office _____ level _____ building name _____

street number and name _____

suburb/city _____ state/territory _____ postcode _____

Does the company occupy these premises YES NO

if NO, name of occupier _____

PRINCIPAL PLACE OF BUSINESS (A CORNER STREET ADDRESS IS NOT ACCEPTABLE FOR BELOW ADDRESS)

unit of office _____ level _____ building name _____

street number and name _____

suburb/city _____ state/territory _____ postcode _____



TUNREND PTY. LTD. A.C.N. 010 223 042 TRADING AS:

RAPID COMPANIES

1st Floor
293 Queen Street
BRISBANE 4000
Telephone: (07) 3229 8311
Facsimile: (07) 3221 9982
Email: rapidcompanies@iprimus.com.au

POSTAL ADDRESS
GPO BOX 1837
BRISBANE 4001
QUEENSLAND

BANK/PAYMENT DETAILS

1) PAYMENT BY BANK DEPOSIT

BANK:	Bank of Queensland
BRANCH:	229 Elizabeth Street, Brisbane 4000
BSB:	124001
ACCOUNT NUMBER:	10 341 706
ACCOUNT NAME:	Rapid Companies
REF:	(name of company you are registering)

For immediate registration, please deposit/transfer cleared funds. Kindly email or fax receipt once transaction is completed, so that we may proceed with the registration and forward the company documents to you. Or, see credit card payment option next.

2) PAYMENT BY CREDIT CARD – MASTERCARD/VISA

Please complete, sign and fax back with order form if you wish to pay by Credit Card

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

mm	<input type="text"/>	yy	<input type="text"/>
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Authorised Amount to Deduct

\$	<input type="text"/>
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cardholder's name: _____

cardholder signature: _____ date: _____

3) WEB, DESIGN, E-COMMERCE & IT SERVICES



We recommend **AXLE WEB & HOSTING** for all Cloud, Web, Design & IT Solutions. Would you like us to pass on your details, so they can get in contact with you? www.axleweb.com.au www.axlehosting.com.au **Yes**

4) ACCOUNTING SERVICES



We recommend **ALANDS ACCOUNTANTS** for all Accounting & Bookkeeping matters. Would you like us to pass on your details, so they can get in contact with you? www.alands.com.au **Yes**

5) LEGAL SERVICES



We recommend **WOODS PRINCE LAWYERS** for all Legal matters. Would you like us to pass on your details, so they can get in contact with you? www.woodsprincelawyers.com **Yes**

6) PLEASE SEND MY DOCUMENTS TO:

Addressee:	<input type="text"/>
Address:	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

7) Would you please tell us how you heard about Rapid Companies? We can use this information, to know how to keep our clients informed and where to find the best resources that reach you.

<input type="checkbox"/> www.rapidcompanies.com.au	<input type="checkbox"/>
<input type="checkbox"/> Google Search Engine	<input type="checkbox"/>
<input type="checkbox"/> Yellowpages.com.au	<input type="checkbox"/>
<input type="checkbox"/> Yellowpages Book	<input type="checkbox"/>

<input type="checkbox"/> Professional Referral (ie, Solicitor or Acctnt)	<input type="checkbox"/>
<input type="checkbox"/> Personal Referral	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)	<input type="text"/>