

REGISTRATION APPLICATION

(ALL FIELDS ARE REQUIRED)

T. 03 9606 0588

F. 03 9606 0911

www.guardianvaults.com.au



COMPANY

HOW DID YOU FIND OUT ABOUT GUARDIAN VAULTS?

YOUR DETAILS

COMPANY

ABN

ADDRESS

.....STATE.....POST CODE.....

POSTAL ADDRESS

(IF DIFFERENT)

PRIMARY CONTACT

TEL 1..... TEL 2 FAX

MOBILEEMAIL.....

ADDITIONAL KEY HOLDERS

SURNAME FIRST NAME

SURNAME FIRST NAME

SURNAME FIRST NAME

REQUIRED SAFE DEPOSIT BOX SIZE

SMALL

MEDIUM

LARGE

X LARGE

DO YOU REQUIRE A GOLD CARD MEMBERSHIP? (LEAVE BLANK IF NO) \$300.00 per annum includes:

4 registered key holders / Unlimited uses (within business hours) / Additional insurance \$20,000.00

BILLING PERIOD (INITIAL UPFRONT PAYMENT OF 12 MONTHS IS REQUIRED)

ANNUALLY

SEMI ANNUALLY

QUARTERLY

MONTHLY

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PERSONAL

HOW DID YOU FIND OUT ABOUT GUARDIAN VAULTS?

YOUR DETAILS

ACCOUNT NAME

This is how it will appear on your invoice

NAME

ADDRESS

.....STATE.....POST CODE.....

POSTAL ADDRESS

(IF DIFFERENT)

.....STATE.....POST CODE.....

AT LEAST ONE CONTACT TELEPHONE NUMBER FOR EACH PERSON IS REQUIRED

TEL MOBILE WORK TEL

EMAIL

NEXT OF KIN ADDITIONAL KEY HOLDER (PLEASE TICK ONE)

NAME

ADDRESS

.....STATE.....POST CODE.....

POSTAL ADDRESS

(IF DIFFERENT)

.....STATE.....POST CODE.....

AT LEAST ONE CONTACT TELEPHONE NUMBER FOR EACH PERSON IS REQUIRED

TEL MOBILE WORK TEL

EMAIL

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