

## Additional GOPP Card Holder Form

**GOPP Number** \_\_\_\_\_

**Trading Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**PLEASE POST TO** .....

**Print Name/s of additional persons receiving a GOPP Card and authorised to bill to this account.**

**\*\*\*\*PLEASE send a photo of each new card holder to [info@gopp.com.au](mailto:info@gopp.com.au) or send to 0455 851 369\*\*\*\***

1. .... Bunnings PowerPass Card Y/N

Mobile No .....

2. .... Bunnings PowerPass Card Y/N

Mobile No .....

3. .... Bunnings PowerPass Card Y/N

Mobile No .....

4. .... Bunnings PowerPass Card Y/N

Mobile No .....

### **TERMS & CONDITIONS OF ADDING ADDITIONAL CARDHOLDERS**

I/We (as Owners/Directors/Committee for the above entity) agree to the following Terms & Conditions:

- **NOTE:** The account owner is responsible for all charges made with these GOPP cards
- **IMPORTANT NOTE:** Ensure that when an employee leaves the business the GOPP card is taken back off them and you advise GOPP ASAP. The cancelled GOPP is destroyed.
- GOPP can provide a form for employees/committee to sign to ensure they are responsible if they use their GOPP Card for personal use. Contact us at [info@gopp.com.au](mailto:info@gopp.com.au) for a copy in MS Word. We strongly recommend this for all employee cards to protect you against fraudulent use.
- That any change in the trading address, legal entity, structure of management or control of the applicant will be advised to GOPP
- We agree that we will be responsible for any fees associated with collection of outstanding amounts owing to GOPP



**Better Deals  
For Business**  
Since 1977

**P 08 9938 3999  
E [info@gopp.com.au](mailto:info@gopp.com.au)  
[www.gopp.com.au](http://www.gopp.com.au)  
PO Box 1199  
Geraldton WA 6531**

- Any changes to our authorised card holders will be advised to GOPP ASAP.
- The entity is responsible for all purchases unless GOPP is advised the GOPP Membership card has been lost/stolen or cancelled.

Signed for and on behalf of the Applicant pursuant to Section 127 of the Corporations Act 2001:  
**COMPANY (PTY LTD)**

\_\_\_\_\_  
Director/Secretary

\_\_\_\_\_  
Print Authorised signature's full name.

**Dated**      \_\_\_/\_\_\_/\_\_\_

**INDIVIDUAL / PARTNERSHIP**

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Print Authorised signature's full name.

**Dated**      \_\_\_/\_\_\_/\_\_\_

**CLUBS OR COMMUNITY ORGANISATIONS**

\_\_\_\_\_  
Committee Person

\_\_\_\_\_  
Print Authorised signature's full name.

\_\_\_\_\_  
Role on the Committee

**Dated**      \_\_\_/\_\_\_/\_\_\_

GOPP has attached an optional form for card holders/employees/committee to sign to ensure they are responsible if they use their GOPP Card for personal use without permission and helps protect your business from fraud. Contact us at [info@gopp.com.au](mailto:info@gopp.com.au) for a copy in MS Word to edit in your letterhead and details. We strongly recommend this for all card holders/employees/committee that are not owners.



**Better Deals  
For Business**  
Since 1977

**P 08 9938 3999**  
**E [info@gopp.com.au](mailto:info@gopp.com.au)**  
**[www.gopp.com.au](http://www.gopp.com.au)**  
**PO Box 1199**  
**Geraldton WA 6531**

Business Name.....

## USE OF BUSINESS ACCOUNT FOR PERSONAL USE

Employee Name .....

RE: Use of business accounts for personal use

Dear .....,

In accordance with our organisations policy you are issued with business accounts for operation of our business. These accounts are setup to make the operation of the business smooth for purchases attaining only to the running of such business. Any transactions that appear to be of a personal nature not authorised by the business will be put to the Employee for more information. If the purchase was not for our business then the employee will be asked for an explanation. If a business use is not provided the employee agrees for the amount to be deducted from the wages or will repay the amount in full within 1 day of notice. Use of business accounts for personal purchases by the employee will be considered as theft of the business and your employment may be terminated and the Police involved due to the theft.

Please sign to accept these terms and conditions.

\_\_\_\_\_

Name .....

Date  
\_ / \_ / \_

\_\_\_\_\_  
Witness Signature

.....  
Witness Name