



Merchant Lead Form

WEX Australia Pty Ltd (ABN 68 005 970 570)

GPO Box 5342 Melbourne VIC 3001

Ph: 1300 130 113 Fax: 03 9274 9139

Date: / /

Take Over Date: / /

Contact Name:

Company Name:

Site Name:

Site Address: Postcode:

Postal Address: Postcode:

Phone Number: ()

Fax Number: ()

Fuel: Non-Fuel:

Merchant Type: WEX Motorpass Motorcharge Trade card

WEX Terminal Required: Yes No

WEXPAY Required: Yes No

Application to Be: Faxed Posted Exp Posted



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