

IPP MEMBERSHIP FORM

IPP Membership entitles you to FREE access of the IPP Platform to purchase from the IPP Preferred Suppliers. There is no sign-up fee or ongoing charge associated with this program. Benefits to IPP Members are provided by the IPP Preferred Suppliers.

Trading Name		e.g. ABC News and Casket					
ABN		ABN.					
Business Address		Address your business is located at.					
Suburb		Suburb	9	State	State.		
Post Code		Post Code.	E	Business Phone Number	Business Phone Number.		
Full Business Name e.g. IPP Australia Pty Ltd trading as ABC News							
Please list <u>Full Name and Home address and date of birth</u> of all Directors/Owners							
Director 1	Full Nan	iull Name.		Home Address, including State & Postcode.			
	Email A	ddress		Date of Birth.			
Director 2	2 Full Name.		Home Address, including State & Postcode.				
	Email A	ddress		Date of Birth.			
Director 3	Full Name. Email Address		Home Address, including State & Postcode				
			Date of Birth.				
Director 4	Full Name.		Home Address, including State & Postcode.				
	Email Address		Date of Birth.				
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her than th	l ne Direct	ors listed above is 1	there any ot	her owners of the busine	ss who own 25% or more of the		

If you have ticked yes, please list full name of each below.

Additional Owner 1 Additional Owner, if applicable.			
Additional Owner 2 Additional Owner, if applicable.			
Is your business entity a partnership? Yes 🗆 No 🛭			
Do you have a partnership agreement Yes No			
Is your ABN related to a Trust? Yes	No		
If applicable, please include:			
Full Name of Trust Full Name of Trust, if applicable.			
ACN Number of Trustee ACN Number, if applicable			
	expedite the application, please include the name of your		
Registration date of Trust, Names of Trustees, Type of	vill be limited to details contained within your Trust Deed e.g. of Trust, Unit Holders, Settler of Trust, Variations etc.		
****Prior to contacting your Accountant your Mor	ney Manager will call you to verify your permission.		
Name of Accountant Click here to enter text			
Accountant's phone number Click here to enter pho	ne number .		
Please insert credit limit required.			
(It is recommended you use an initial credit limit of \$25, limit should you need to. Any initial amount over \$25, c	ooo to begin with, once you commence trading you can increase ooo will require copies of current financial documents).		
Insert Credit Limit e.g. \$25,000			
Once you have completed this form please save it to	your computer and forward it to:		
Send it either via:	A Credit Application Form will be populated		
Email: ann.nugent@ippaust.com.au	using this information and emailed to you for signing and return to their office.		
Phone: 0488 763 236	Once received and checked you will be sent a		
Post: Ann Nugent	welcome letter, a token to access the website		
IPP Australia 5 Oxford Close	and an IPP Members Manual.		
Carindale, Qld 4152	If you would like FREE ACCESS to BPay .		
	Please indicate here Yes \square or \square		

If you have any questions with regard to IPP Australia or this membership form, please call Ann Nugent on 0488 763 236