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## DIRECT DEPOSIT REQUEST FORM

CUSTOMER:

ADDRESS:

PHONE NUMBER:

MOBILE:

### GOODS/ SERVICE REQUIREMENTS

**WHEELS**  
(PACKAGE ETC)

BRAND:

MODEL:

SIZE:

PRICE: \$

**TYRES**

BRAND:

MODEL:

SIZE:

PRICE: \$

**OTHER**  
(SPRINGS, SHOCKS, ETC)

BRAND:

MODEL:

SIZE:

PRICE: \$

FREIGHT: \$

TOTAL: \$

COMMENTS:

### PLEASE PAY YOUR DIRECT DEPOSIT ORDER TO ACCOUNT:

ACCOUNT NAME: **EAGLE TYRES**  
COMMONWEALTH BANK  
BSB: **062 107** | ACCOUNT NUMBER: **1017 1379**

### WE KINDLY REQUEST:

TO PROCESS YOUR ORDER FULLY AND PROMPTLY WE REQUIRE AN BANK CONFIRMATION SLIP. WITH COMPLETED ORDER REQUEST FORM FAXED TO **+61 2 9637 4525**. THANK YOU