## LIQUID ASSETS WINE STORAGE APPLICATION FORM

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Account name				
Personal details				
Given Name	Middle Initial	Surname	Male/Femal	e
Home address				
No / Street	Suburb			
State	Postcode	Country		
Phone	 Fax	Mobile Phone		
<b>Business address</b>	Company name			
Nº / Street	Suburb			
State	Postcode	Country		
Phone	 Fax	Mobile Phone		
Other details				
Home email address	Work email address	Other email address		
Password	Password hint			
Visa / Mastercard / American Express	Card N <sup>o</sup>		Expiry date	CCV
Application & Authority				
I request Liquid Assets Pty Ltd (ACN 082 617 614) "Liquid Assets" to provide storage and other services as instructed by me from time to time in accordance with its price list as published from time to time and on the attached Conditions of Storage. I authorise Liquid Assets to charge payments for all fees payable by me for its services to my credit card.				
Date	Applicants signature			