

FAX

Name _____
 Address _____
 Suburb _____
 State _____
 Post Code _____
 Home Phone _____
 Work Phone _____

 CUSTOMER NAME & ACCOUNT NUMBER ABOVE

Australian Motor Vehicle Database
6009126111086201

 MERCHANT NAME & ACCOUNT NUMBER ABOVE

I acknowledge receipt of goods and services and liability for charges as recorded hereon and agree to perform the obligations set forth in the Bartercard Exchange Ltd./Bartercard Ltd. Application Membership Agreement and current Rules of the Trading Program. Bartercard Exchange Ltd. ACN 071 604 021. Bartercard Ltd. ACN 050 542 544.

WHEN COMPLETE MAIL TO: BARTECARD LTD. PO BOX 582 SOUTHPORT Q 4215



Validity Date Checked Authorisation Number
 24 hours a day/7 days a week
 1800 074 295

QTY		DESCRIPTION	DATE	UNIT COST	AMOUNT
TAKE	CLERK INIT	AUTHORISATION No.	TOTAL TRADE \$		
SEND			SALES TAX/TIPS/CASH		
Authorisation necessary on all purchases over \$100.00 unless card indicates otherwise			TOTAL		

MAIL THIS VOUCHER WITHIN 7 DAYS

x BARTERCARD COPY

CUSTOMER'S SIGNATURE