



AUTOMOTIVE ALTERNATIVE FUELS REGISTRATION BOARD
 ABN: 80 536 959 590

AUTOMOTIVE ALTERNATIVE FUELS ASSOCIATION INCORPORATED
 7th Floor, 464 St Kilda Road, Melbourne Vic 3004
 Telephone: (03) 9862 6700 Facsimile: (03) 9866 5322
 website: www.aafrb.com.au

TAX INVOICE

AAFRB LPG COMPLIANCE PLATES ORDER FORM EFFECTIVE 1ST OCTOBER 2010

Please ensure that ALL details are correct and the order form is completed in FULL

| Trading Name: | | | Customer No: <small>(OFFICE USE ONLY)</small> | | |
|--|------|-----------|--|----|-----------|
| Operating address: | | | | | |
| Suburb: | | | Post Code: | | |
| Contact Full Name: | | | Phone No: | | |
| Email Address: | | | | | |
| AAFRB Business Registration Number: | | | AFR00 | | |
| Quantity | Tick | Unit Cost | Total | | \$ Amount |
| 5 | | \$40.00 | \$200.00 | \$ | |
| 10 | | \$40.00 | \$400.00 | \$ | |
| 20 | | \$40.00 | \$800.00 | \$ | |
| 50 | | \$40.00 | \$2000.00 | \$ | |
| 100 | | \$40.00 | \$4000.00 | \$ | |
| <i>Note: 2 x LPG Vehicle Identification Plates (LPG stickers and raised plates) will be supplied with every compliance plate provided.</i> | | | Handling fee | \$ | 10.00 |
| | | | Sub Total | \$ | |
| | | | plus *GST 10% of Sub Total (GST denotes Goods & Services Tax) | \$ | |
| | | | TOTAL DUE | \$ | |

This document will be a Tax Invoice for GST when you make payment.

*** Please complete the form IN FULL and RETAIN a copy for taxation purposes.**

Payment Options: Bank Transfer Details – YOU MUST ATTACH RECEIPT WITH YOUR ORDER

WESTPAC BANK

Account Name: Automotive Alternative Fuels Association Inc

BSB 033-165

Account No 22-0897

Ref: AFR00 (your registration no.) Compliance Plates (i.e. AFR005432 Compliance Plates)

OR A cheque made payable to 'AAFRB' for the correct value of your order

OR Credit Card Authorisation - (tick type of card)

| | | | |
|-------------------------------------|-------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa | <input type="checkbox"/> AMEX | <input type="checkbox"/> Diners |
| <i>Expiry date</i> | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

CCV NO. Cardholders Name Cardholders Signature.....

RETURN ORDER & PAYMENT TO: AAFRB, Level 7, 464 St Kilda Road, MELBOURNE, VIC, 3004 or Fax – 9866 5322

- * ALLOW APPROXIMATELY ONE WEEK FOR DISTRIBUTION
- * If not received, please contact us immediately.