

**TAX INVOICE**

**AAFRB NG COMPLIANCE PLATES ORDER FORM EFFECTIVE 1<sup>ST</sup> OCTOBER 2010**

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

<b>Trading Name:</b>			<b>CUSTOMER NO:</b>		
<b>Operating Address:</b> _____					
<b>Suburb:</b>			<b>Post Code:</b>		
<b>Contact Name:</b>			<b>Phone No:</b>		
<b>AAFRB Business Registration Number: LNR00 ..... NGR00.....</b>					
Quantity	Tick	Unit Cost	Total		\$ Amount
5		\$25.00	\$125.00	\$	
10		\$25.00	\$250.00	\$	
20		\$25.00	\$500.00	\$	
50		\$25.00	\$1250.00	\$	
100		\$25.00	\$2500.00	\$	
<b>Handling fee</b>				<b>\$</b>	<b>10.00</b>
<b>Sub Total</b>				<b>\$</b>	
<b>Plus *GST 10% of Sub Total (GST denotes Goods &amp; Services Tax)</b>				<b>\$</b>	
<b>TOTAL DUE</b>				<b>\$</b>	

**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

Westpac  
 Account Name **Automotive Alternative Fuels Association Inc**  
 BSB **033-165**  
 Account No **22-0897**

**OR** A cheque made payable to 'AAFRB' for the correct value of your order and return to the address below:

**OR** **Credit Card** Authorisation - (tick type of card)

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