

Please complete sections A. B. and C. below

A. Customer Details

Name Jane Doe		Company N/A			
Delivery address 53 Albert Street, Fraser Island		Postcode 4444	State Qld	Country Australia	
ABN (where applicable) N/A	Fax number		Phone number 07 3333 1234		
Email Address or Special Instructions jane@doe.gmail			Is a receipt required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

B. Order Details

Retail Sales (please print clearly)


Quantity	Product name	Unit Price (excl. GST)	Tax Rate	Unit Tax Amount	Unit Price (incl. Tax)	Sub-total
1	Release of Mortgage	192.00	No	0.00	192.00	192.00
			No	0.00	0.00	0.00
			No	0.00	0.00	0.00
			No	0.00	0.00	0.00
			No	0.00	0.00	0.00
GST not applicable on regulated Titling products (select No in Tax Rate)					Total GST	0.00
					Total (GST incl.)	192.00

Office Use Only

Time Collected at	Date	Name of Officer collecting Credit Card Details	Signed
Receipt number	Amount	Name of Receiving Officer	Signed
Date Received	Name of Receiving Officer	Comments	Date Dispatched
/ /			

DO NOT EMAIL CREDIT CARD INFORMATION: To ensure PCIDSS compliance this form MUST NOT be emailed

C. Payment Details

Please tick applicable box <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Amount of Payment: \$ 192.00	Cardholder's Name: Jane Doe
	Customer Contact Phone Number: 07 3333 1234	Cardholder's : 
		Date: 28/05/2021

..... **Credit Card Details – to be removed and destroyed after processing**

Customer Credit Card Number	Expiry Date																
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