



GOLF AUSTRALIA
Level 3, 95 Coventry Street
South Melbourne Victoria 3205
Australia
ABN: 54 118 151 894
Website: www.golfaustralia.org.au
Facsimile: 61 3 9626 5095

RECIPIENT CREATED TAX INVOICE MYGolf Kit 1

Name: _____

Position: _____

Facility: _____

Delivery Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel: _____ Email: _____

Send completed order to:

Golf Australia
Level 3, 95 Coventry Street
South Melbourne Vic 3205
Facsimile: (03) 9626 5095
Email: info@golfaustralia.org.au
Date: _____

_____ number of MYGolf 1 Kits @ \$374.00 inc GST per kit including freight	Total Amount Payable \$ _____ inc GST
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On completion this form becomes a valid recipient created tax invoice.

Both parties to this supply agree that they are parties to an RCTI agreement as outlined in GSTR 2000/10

Method of Payment:

Credit Card:

Mastercard / Visa (Please circle)

Name on Card: _____

Card Number: _____

Expiry Date: ____/____

Signature: _____

Cheque:

Golf Australia
Level 3, 95 Coventry Street
South Melbourne VIC 3205

Direct Debit:

Account Name:	Golf Australia Inc
BSB:	083-155
Account Number:	625 242 173
Bank:	National Australia Bank
Reference:	MYGolf Kits