



MERCHANDISE ORDER FORM

ORDER FORMAT / TAX INVOICE - #D12

ABN 48001 642 628

Club/Name: _____

Postal Address: _____

Suburb: _____ State: _____ P/Code: _____

Tel: _____ Mob: _____ Email: _____

*On completion this form becomes a valid recipient created Tax Invoice.
Both parties to this supply agree they are parties to an RCTI agreement as outlined in GSTR 2000/10*

MERCHANDISE	Cost (Includes GST & Postage)	Qty	Total Cost
Hole-in-One Hat Clips	\$15.00		\$
Golf NSW Ball Marker	\$5.00		\$
	TOTAL:		\$

METHOD OF PAYMENT

Credit Card Mastercard/Visa (Please circle)
Card Number: _____ Expiry: ____/____
Name on Card: _____ Signed: _____

Direct Deposit: Please reference: **HIOMerchandise**
Account Name: **Golf NSW** Bank: **NAB** BSB: **082 080** Account #: **50 911 4545**

Cheque:

SEND COMPLETED FORM TO:

Golf NSW
PO Box 195
Arncliffe NSW 2205
Phone: (02) 9505 9105 ~ Fax: (02) 9505 9199 ~ Email: info@golfnsw.org ~ Website: www.golfnsw.org

OFFICE USE: Date: _____ Receipt #: _____ \$ _____ Posted Date: _____