

MOHAIR AUSTRALIA LIMITED

ABN: 40 008 585 135

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MOHAIR
Australia Limited

PAYMENT REQUEST FORM

DIVISION: _____ **REGION :** _____

Agent Number: _____ **Date:** ____/____/____

Name of authorised person: _____ **Position:** _____

Ph: () _____ **Fax:** _____ **Email:** _____

Please complete this form and forward, with invoice/s, to the above address by post, or scan then email.

Payable to: (Full name details)

Bank Account Name:

Bank BSB:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Detailed description of goods or services purchased:

Invoice No. (Copy to be attached)

Invoice Total including GST if applicable:

\$ _____

Note: If a cheque is required please indicate where it is to be sent:

Name:

Address:

We the undersigned hereby authorize payment of the above accounts.

_____ Signature of Office Bearer

_____ Signature of Office Bearer*

* Note: Provision of two signatures is optional.

Office Use Only:

Date	Reference Number	Amount Entered