
	MAIL ALL SLIPS TO: SUITE 1, 5/221 O'RIORDON STREET MASCOT NSW 2020	DATE			
	AUTHORISATIONS 02 9667 4156		QTY	DESCRIPTION	\$
SELLER: _____ A/C No: _____ BUYER: _____ A/C No: _____		TRANSACTION No.		GST EzyCard\$	
I acknowledge receipt for goods and services and liability for changes as recorded on my monthly EzyCard Statement and agree to perform the obligations as set out in the EzyCard Membership application and the EzyCard Rules of the Trading Program.		BUYER'S SIGNATURE: _____			

Head Office Copy

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Buyer's Copy

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Seller's Copy