

(OFFICE USE ONLY)
CREDIT LIMIT:
APPROVED BY:



BID CODE (OFFICE USE ONLY)
DATE: SALE:

BUYER REGISTRATION

ACCOUNT NAME (as to appear on invoice):			ABN:
SURNAME	FIRST NAME (S)	MIDDLE NAME (S)	DATE OF BIRTH
Mr. Mrs. Miss. Ms.			/ /
	PARTNER:		/ /
MAILING ADDRESS:			P/CODE:
SUBURB:	STATE:	COUNTRY:	
PRIVATE ADDRESS:			P/CODE:
SUBURB:	STATE:	COUNTRY:	
BUSINESS ADDRESS (if applicable):			P/CODE:
SUBURB:	STATE:	COUNTRY:	
TELEPHONE (WORK):		(FAX):	
(MOBILE):		(HOME):	
EMAIL:			
DRIVER'S LICENCE No.		PARTNER'S DRIVERS LICENCE No. (if applicable):	
CAR REGO:		PARTNER'S CAR REGO (if applicable):	
OCCUPATION:		OCCUPATION (if applicable):	
EMPLOYER:		PARTNER'S EMPLOYER:	
Employer's Phone:		Employer's Phone:	
Employer's Contact Name:		Employer's Contact Name:	
<p>Have you previously purchased from a Magic Millions Sale? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Intended Limit of Purchases (Maximum) \$ _____</p> <p>Method of Payment:</p> <p style="padding-left: 40px;">Cash/Cheque <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online/Bank Transfer <input type="checkbox"/> Credit Terms <input type="checkbox"/></p> <p>If intending to establish credit, please ensure this has been arranged with Magic Millions Sales Pty Limited prior to Sale commencement. Purchasers should not assume that previous sale arrangements will automatically apply to this sale.</p> <p>I/We acknowledge that I/We have read and will abide by the Conditions Of Sale as per the catalogue.</p> <p>Signature(s): _____</p> <p>Date: _____</p>			

ATT: TRENT

RETURN FAX: (07) 5531 6888