CUSTOMER NAME & ACCOUNT NUMBER ABOVE.

MERCHANT NAME & ACCOUNT NUMBER ABOVE.

I acknowledge receipt of goods and services and liability for charges as recorded hereon and agree to perform the obligations set forth in the Bartercard Ltd Application Membership Agreement and current Trading Rules & Regulations.
Bartercard Ltd. ACN 050 542 544.

WHEN COMPLETE MAIL TO: BARTERCARD LTD. PO BOX 582 SOUTHPORT Q 4215

BARTER CARD

Validity Date Checked

AUTHORISATION NUMBER
24 Hours a day / 7 days a week
1 800 074 295

DATE

QTY	DESCRIPTION	UNIT COST	AMOUNT	

TAKE / SEND	CLERK INIT	AUTHORISATION No.			
			TOTAL TRADE $		
			SALES TAX/TIPS/CASH		
Authorisation is necessary on all purchases over $100.00 unless card indicates otherwise			TOTAL		

X

CUSTOMER'S SIGNATURE

BARTERCARD COPY

Voucher BC Copyr 5-98

MAIL THIS VOUCHER WITHIN 7 DAYS