



**Application Fee Invoice**

**Applicant:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Reference No. (N/a for new applications):** \_\_\_\_\_

**Application Fee Payable:** \_\_\_\_\_

Please note Application Fees are outside the scope of GST under Determination 2001, Division 81 and are therefore not issued on a tax invoice.

**Methods Of Payment:**

**Credit Card:**

Enter your credit card details, sign below then fax to 02 6210 4874  
 (If payment is for a new application, send this form with your completed application).

Visa                       Mastercard                       Diners Club                       American Express

Credit Card Number:

Expiry: \_\_\_\_ / \_\_\_\_                      Amount: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_