



QUEENSLAND FAMILY HISTORY SOCIETY Inc.
 Library & Resource Centre: 58 Bellevue Avenue, GAYTHORNE
 All mail to: PO Box 171, INDOOROOPIILLY QLD 4068

**GEORGE BOND
 COLLECTION
 DIGITAL PRINT
 SERVICE**

TAX INVOICE ABN 60 860 936 626

Purchaser's Details	Name
	Address
	Telephone
	Email

Identification	Cemetery _____ State _____
	Deceased's surname and given name/s
	Other details (e.g. death/burial date and place, headstone, inscription etc)

Order	Product	Qty	Unit cost	Extended
	Digital scanned image (by email)		\$2.50	\$
	All prices in Australian dollars (AUD\$) and include GST			Total \$

Payment	<input type="checkbox"/> Cash (AUD\$ only) or <input type="checkbox"/> EFTPOS (available only in person at the library during opening hours)		\$
	<input type="checkbox"/> Cheque or Aust Money Order (made payable to QFHS Inc) is <input type="checkbox"/> enclosed .		
	<input type="checkbox"/> Credit Card . Please charge my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
	Credit card No. <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"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CCV No. <input type="text"/> <input type="text"/> <input type="text"/>		
CREDIT CARDHOLDER'S AUTHORISATION			
Name as it appears on credit card <small>(Please print)</small>		Cardholder's signature X	
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