

<b>TAX INVOICE/</b>	<b>DATE:</b>
<b>CONSIGNMENT No:</b>	
<b>REFERENCE No:</b>	
<b>ACCOUNT No:</b>	

<b>SENDER</b>	<b>CHARGE</b> <input type="checkbox"/>
Name: .....	
Address: .....	
Suburb: .....	
Town: .....	
State: _____ Postcode: _____ Map Ref: .....	
Tel Home: _____	
Work: _____	
Mobile: _____	

<b>RECEIVER</b>	<b>CHARGE</b> <input type="checkbox"/>
Name: .....	
Address: .....	
Suburb: .....	
Town: .....	
State: _____ Postcode: _____ Map Ref: .....	
Tel Home: _____	
Work: _____	
Mobile: _____	

<b>3RD PARTY</b>	<b>CHARGE</b> <input type="checkbox"/>
Name: .....	
Address: .....	
Suburb: .....	
Town: .....	
State: _____ Postcode: _____ Map Ref: .....	
Tel Home: _____	
Work: _____	
Mobile: _____	

DATE		TIME
TAX SUMMARY	SUB TOTAL	\$
	GST	\$
	TOTAL	\$

DATE		TIME
TAX SUMMARY	SUB TOTAL	\$
	GST	\$
	TOTAL	\$

DATE		TIME
TAX SUMMARY	SUB TOTAL	\$
	GST	\$
	TOTAL	\$

PAYMENT METHOD	PREPAID	<input type="checkbox"/>	DIRECT DEPOSIT	<input type="checkbox"/>
	MASTERCARD	<input type="checkbox"/>	PICK UP	<input type="checkbox"/>
	VISA	<input type="checkbox"/>	COD	<input type="checkbox"/>
	ACC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

MOTORBIKE MAKE		
MODEL		
COLOUR	REGO/VIN No	KEYS <input type="checkbox"/>
		NO KEYS <input type="checkbox"/>

PICK UP & DELIVERY INSTRUCTIONS:

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**MOTORBIKE CONDITION REPORT**  
 SYMBOL TO BE USED = X

BENT	<input type="checkbox"/>	BROKEN	<input type="checkbox"/>
CHIP	<input type="checkbox"/>	CRACK	<input type="checkbox"/>
DENT	<input type="checkbox"/>	SCRATCH	<input type="checkbox"/>
SCUFF	<input type="checkbox"/>	TEAR	<input type="checkbox"/>

PANNIERS FITTED

YES  NO



*This diagram is not intended to be conclusive of the condition of the motorcycle.*

**MOTORBIKE CONDITION REPORT:** .....

<b>TERMS OF PAYMENT ARE STRICTLY BEFORE OR ON PICK UP EXCESS OF \$200 APPLY FOR ALL INSURANCE CLAIMS</b>				<b>ACCESSORIES:</b>	
SUBJECT TO THE CONDITIONS ENDORSED & INCORPORATED OVERLEAF. PLEASE ACCEPT THE GOOD DESCRIBED ABOVE FOR DELIVERY.				<b>RECEIVED IN GOOD ORDER &amp; CONDITIONS</b>	
SENDER SIGNATURE:		DRIVER SIGNATURE:		RECEIVER SIGNATURE:	
SENDER PRINT:		DRIVER PRINT:		RECEIVER PRINT:	
DATE:	TIME:	DATE:	TIME:	DATE:	TIME:
<b>WE ARE NOT COMMON CARRIERS PLEASE REFER CONDITIONS OF CARRIAGE ENDORSED AND INCORPORATED OVERLEAF</b>					
OFFICE • WHITE		SENDER • PINK		RECEIVER • BLUE	
				DRIVER • YELLOW	