



TICKET REGISTRATION FORM

Simply fill in the details below and send to:
Sally Sarah
Cockington Green Gardens
info@cockingtongreen.com.au
FAX: 02 6230 2490

Date: _____
Trading Name: _____
Company Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____ ABN: _____

Type of Business

- Travel Agent
- Tour Operator/wholesaler
- Accommodation Property
- Other

Contact for Accounts

Name: _____ Position: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Contact for Sales

Name: _____ Position: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Contact for Front of House

Name: _____ Position: _____
Phone: _____ Email: _____

Ticketing

Indicate Ticketing Format: 3 in Fun Voucher Book Company Voucher (Sample to be supplied & approved)

Account Terms

All accounts are due for payment within 30 days of invoice date, invoices are sent monthly. If trading terms are breached no further credit will be allowed until the account has been settled.

Payment Method: Cheque Direct Deposit Credit Card (Surcharge Applies)

Signature: _____ Name: _____ Position _____

Date: / /

Office Use Only

Registration Number: _____ Date Approved: _____

Processed By: _____