

# AUSTSWIM SCHOOL MANAGER



AUSTSWIM Ltd  
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ACN: 097 784 122



## ORDER FORM

COMPANY/SWIM SCHOOL \_\_\_\_\_

ABN \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

## PAYMENT

Please tick option:  Annual renewal fee of \$198 inc GST  initial licensing fee of \$495 inc GST

Please tick payment option:  Cheque  Money Order  Visa  Mastercard

Card Number 

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Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Exp Date \_\_\_\_\_

Please make cheques payable to: AUSTSWIM Ltd PO Box 546 East Melbourne VIC 8002

**I authorise the purchase of the AUSTSWIM School Manager Program and accept the terms on behalf of the Swim School.**

Signed: \_\_\_\_\_ Dated:     /     /

| OFFICE USE ONLY   |       |
|-------------------|-------|
| Registration Date | _____ |
| Expiration Date   | _____ |
| Registration Code | _____ |