

Table Name Table Name:				
Company Name:				
Street Address:				
Suburb:	City/Town:		State:	Postcode:
Email:		Phone (W):	(M)	
Registration Cost: \$140.00 per person	. Qty Ta	ble Cost: \$1300.00. Qty		
		PAYMENT OPTIC	ONS - a tax invoic	e will be sent via email
Table Names		Cheque: payable to Bulls Masters Ltd.		
		Direct Deposit Detail		
1:		Please quote WC(Y	our Table Name)	as customer reference
2:		Suncorp Bank Account Name: Bulls N	Masters I td	
2		BSB: 484-799 Accour		67
3:		Credit Card Payment	:	
4:		Name on Card:		
		Card number:		
5:		CCV number:		
6:		Expiry date:	1	
7:		Amount authorised to	be charged \$	
1		Cardholders Signature	:	
8:		Date:/	/ 20	
9:		Please complete and	return to:	
		Susie Thompson Bulls Masters Ltd		
Λ.		E # - 07 22E7 4400		

FOR BOOKINGS CONTACT: Susie on (07) 3257 4400 or email: admin@bullsmasters.com.au

Email: admin@bullsmasters.com.au Address: PO BOX 247. ALBION. QLD. 4010.

































