



# Sticker Credit Claim Form

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Account No: \_\_\_\_\_ Agent Box Number (if applicable) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please complete and return to:

**Qantas Freight Finance, QCC6, 203 Coward Street MASCOT NSW 2020**

<b>Sticker type (please circle)</b>	\$2.50 or \$25.00
<b>Number of stickers</b>	
<b>Total value</b>	

**Please note, stickers must be enclosed for credit claim to be processed.**

Signature of Authorised Person

\_\_\_\_\_

Name of Authorised Person (please print in full)

\_\_\_\_\_

Date

\_\_\_\_\_