SALES EVIDENCE REQUEST

CUSTOMER DETAILS:

Customer:..... **Date**:.....

Contact Name:.....**Address**:.....

Suburb:.....**State**: ..... **Postcode**: .....**Your Ref**:.....

Phone: ( ) .....**Fax**: ( ) .....**E-mail**: .....

☐ **Quote** **Quoted Price**:.....

PAYMENT DETAILS:

☐ **Please invoice our Landgate account number:** ☐☐☐☐☐☐☐☐

☐ **Enclosed is a cheque/money order,** made payable to **Landgate**

☐ **Please charge my:**
Mastercard ☐ Visa ☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder's Name: ..... Expiry Date: .....

☐ Receipt Required

DEFINED AREA:

Property: ☐ Single house/flat/unit ☐ Strata ☐ Suburb ρ

Address OR Suburbs .....

.....

.....

Strata numbers:.....

QUALIFIERS:

☐ **Land parcels sold from:** ..... to .....

☐ **Land parcels sold for between:** $..... to $.....

☐ **Calculated area between:** .....sq mtr and .....sq mt

Customer Centre
Landgate
ABN: 86 574 793 858
P O Box 2222 MIDLAND WA 6936
Phone: (08) 9273 7555
Fax: (08) 9250 3187
Email: customercentre@landgate.wa.gov.au

OFFICE USE ONLY

Completed:	/ /20		
Cost:	$	Sign:	
Charge:	$	Discount:	%
Service Fee:	$	Non Ch:	$
Data:	$	Non Ch:	$
Invoice/Receipt No:			