

# ACTIVE STRATA SERVICES - ORDER FORM

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Belfield NSW 2191

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Email: [office@activess.com.au](mailto:office@activess.com.au)

DATE:

FROM:

ADDRESS:

PHONE:

CONTACT:

## PROPERTY DETAILS

VENDOR:

PURCHASER:

STRATA PLAN:

LOT NUMBER:

ADDRESS:

STRATA AGENT:

PHONE:

Credit Card Payment: PLEASE COMPLETE THIS AUTHORITY

CARD NUMBER ----- EXPIRY DATE --- / ---

CIRCLE ONE:          Visa                  Mastercard                  AMOUNT \$

CARD HOLDER'S NAME .....

CARD HOLDER'S SIGNATURE ..... DATE ...../...../.....