



Receipt/Tax Invoice

ABN 20 460 418 090

Date: [Click to select date]

Invoice # [No.]

To

[Customer Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]

Funeral Director ID [No.]

Membership Type: [Standard/Premium]

Payment Type: Automatic CC Debit

| Description | Date | Unit Price | Qty | Total |
|--|------------|------------|-----|----------|
| Funeral quote request (Client name: | 00/00/0000 | \$199.00 | 1 | \$199.00 |
| Funeral quote request (Client name: | 00/00/0000 | | | |
| Funeral quote request (Client name: | 00/00/0000 | \$0.00 | 1 | \$0.00 |
| Funeral quote request (Client name: | 00/00/0000 | \$0.00 | 1 | \$0.00 |
| Funeral quote request (Client name: | 00/00/0000 | \$0.00 | 1 | \$0.00 |
| Subtotal | | | | |
| Total | | | | |

GST included in total amount

Thank you for your business!

**Please be advised this receipt has been issued subject to the successful
clearance of funds by your financial institution.**