



**2017 IPSWICH SHOW
BOND REFUND FORM**

Name: _____

Business Name: _____

Contact Number: _____

Direct Deposit Details:

Account Name: _____

Bank: _____

BSB: _____ **Account #:** _____

Should you require a cheque please fill in details below:-

Name on Cheque: _____

Address: _____

OFFICE USE ONLY

Date Bond Paid: ___ / ___ / ___ **Amount:** _____ **Rec#** _____

REFUND APPROVED **DATE REFUNDED** / /2017

REFUND DECLINED