COFFS HARBOUR WALKING FOOTBALL CHARITY SHIELD

PAYMENT AUTHORITY

Company Name…………………………………………………………………..

Address………………………………………………………………………………

Contact Person………………………………………………

Email address ………………………………………………..

Phone number………………………………………………..

Thank you for your commitment to the above event to be held on the 1st March 2025.

On receipt of this document our Treasurer, Di Leach will issue your company an invoice for payment for $............................

as agreed on this day……………………….

Name and signature of authorised person as below:-

Name…………………………………………………………….

Signature………………………………………………………..