



Brochure Display Agreement (1 Dec - 30 Nov)
ABN: 85 091 405 521

Tax Invoice
GST INCLUDED

| | Price | Total |
|--|--------------|--------------|
| Display Space for DL Brochure | \$75.00 | |
| Display Space for A5 Brochure | \$110.00 | |
| Display Space for A4 Brochure | \$150.00 | |
| Touring Route & Regional Brochures Produced by Tourism Associations | FOC | |
| Non Profit Organisations | FOC | |
| TOTAL | | \$ |

Declaration and Indemnity

That in consideration for Stanley Visitor Centre accepting my application, I warrant that

- a. I hold and will continue to hold a minimum of \$5 million public liability insurance in the name of the business for which I am seeking brochure display rack
- b. I hold and will continue to hold all necessary licences/permits as required by the relevant Local Government Authority, the State Government of Tasmania and/or Commonwealth Government in order to conduct the business detailed below

c. Please tick one:

- I hold Tourism Accreditation with Tourism Council Tasmania number.....
- I am registered with Tourism Council Tasmania to become Tourism Accredited
- The business is not required to hold Tourism Accreditation

- d. I agree to duly pay the Stanley Visitor Centre 15% commission on all bookings initiated by the Centre
- e. I agree to indemnify Stanley Visitor Centre in respect of any liability or claim that may be made against it by any breach of the above warranties
- f. I agree to abide by these terms and conditions, and hereby warrant that I am duly authorised to sign this agreement.
- g. I agree the Manager of the Centre reserves the right to remove the Advertiser's display material should the Advertiser not meet the trading terms of the Centre, or the display material be deemed not to be of an appropriate standard.

Business name.....

ABN.....

Contact name.....

Postal Address.....

Business Address.....

Phone Fax.....

Email.....

Signature of advertiser.....

Name.....

Position Held.....Date...../...../201_

How to pay:

Direct Bank Deposit

Account Name: Circular Head Tourism Association Inc.

BSB: 067-408

Account: 2800 7660

Reference: **Your Business Name**

Please fax or email remittance to: 6458 1267 or info@stanley.com.au

Cheque

Please make payable to:

Circular Head Tourism Association Inc.

45 Main Road, Stanley 7331

Credit Card

Card Type Visa __ Mastercard __ Bankcard __

Card Number _ _ _ _ _ _ _ _ _ _

Expiry Date __ / __ Amount _____

Name on Card _____

Signature _____