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# STALLHOLDER BOOKING FORM

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COMPANY NAME: \_\_\_\_\_

ABN / ACN: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

PRODUCT SALE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***(PML Cashier/Office Use Only)***

COST: \$ \_\_\_\_\_ No. WEEKS: \_\_\_\_\_

PAID: \$ \_\_\_\_\_ CASH / EFTPOS / CREDIT CARD

BAY No: \_\_\_\_\_

PML CASHIER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

