

ACRS Replacement of Registration Card

Australian Cabler Registration Service
ABN 72 093 933 370 (ACMA Approved)

ACRS



SECTION 1 – Contact Details

Surname: _____

Given Name(s): _____

Postal Address: _____

Suburb: _____

State: _____ Postcode: _____ DOB: _____

Home Phone: _____

Mobile: _____ Business: _____

Email: _____

SECTION 2 – Registration details

Current Registration Number: _____

Type: _____

Expiry Date: _____

SECTION 3 - Payment Details

Cheque/Money Order payable to "ACRS" OR Visa Master Card

Amount: \$ _____ **\$20.00** (incl. GST) (*price subject to change*)

Card Number: _____

Expiry Date: ____ / ____

Name on Card: _____

Card Holder Signature: _____

Signed: _____

Date: _____

Please Email/Mail or Fax this form with your payment to:

ACRS Administration Centre
Locked Bag 1818
St Leonards NSW 1590

Fax: 02 9744 3928
Email: enquiries@acrs.com.au

Phone: 1300 667771
Website: www.acrs.com.au