



GO TECHNOLOGIES PTY LTD

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SECURITY CODE REQUEST

PLEASE EMAIL, MAIL OR FAX THIS FORM FULLY COMPLETED WITH PAYMENT DETAILS **AND**
PHOTOCOPY OF DRIVERS LICENCE OR REGISTRATION PAPERS

\$25.00 inc. GST for Eurovox products

from \$30.00 inc. GST for all other brands (P.O.A.)

PLEASE ALLOW 24 HOURS FOR YOUR REQUEST TO BE PROCESSED

If you have been supplied a code/s previously please state the code number/s: _____

| | | |
|---|--------------------|---------------|
| OWNERS NAME: | | TEL. No: |
| ADDRESS: | | |
| | | POST CODE: |
| EQUIPMENT BRAND: | DESCRIPTION: | |
| MODEL No: | SERIAL No*: | |
| TYPE & MODEL OF VEHICLE: | | VEHICLE REGO: |
| *UNIT MAY NEED TO BE REMOVED TO ACCESS SERIAL NUMBER – CANNOT PROCESS WITHOUT THIS NUMBER* | | |

| | | |
|----------------------------------|----------|---------------|
| CARD REQUESTER (Company/Dealer): | | CONTACT NAME: |
| EMAIL ADDRESS: | | |
| ADDRESS: | | POST CODE: |
| TEL. No: | FAX. No: | ORDER No: |

DECLARATION BY APPLICANT

I HEREBY CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE AND CORRECT.

OWNERS SIGNATURE: _____

| | | |
|---|--------------------------|------------------|
| CREDIT CARD DETAIL | | |
| NAME ON CARD: _____ | | |
| PLEASE DEBIT MY: | VISA / MASTERCARD / AMEX | EXP. DATE: _____ |
| CARD NUMBER: _____ | | |
| Please note: AMEX payments incur a 2.5% surcharge. | | |
| I hereby give authorisation for Go Technologies to debit my account \$ _____ Signed: _____ | | |

NOTE:

- INCOMPLETE REQUESTS WILL NOT BE PROCESSED
- NO REFUND IS AVAILABLE AFTER CODE HAS BEEN SUPPLIED
- SERIAL NUMBER SHOULD BE TAKEN DIRECTLY FROM THE EQUIPMENT
- UNIT MAY NOT ACCEPT CODE IF IT HAS AN INTERNAL FAULT
- ALL INVOICES AND CODE CARDS WILL BE POSTED TO THE CARD REQUESTER
- CREDIT CARD INFORMATION IS DESTROYED IMMEDIATELY AFTER PROCESSING

EFT PAYMENTS

ANZ BANK – Ringwood Branch

BSB: 013414

ACCOUNT: 4940-22292

PLEASE USE OWNERS NAME AS
REFERENCE FOR TRANSFER