

## Claim form — ATM / EFTPOS / Visa

Please complete, sign and fax to Firstmac on (07) 3002 8400

<b>Cardholder name</b>	
Surname	
Given names	

<b>Transaction details</b>			
Card Number	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>
Transaction date	<input type="text"/>	Time	<input type="text"/>
Tran sequence no.	<input type="text"/>		
Card type	ATM <input type="checkbox"/>	EFTPOS <input type="checkbox"/>	VISA <input type="checkbox"/>
Amount attempted	\$ <input type="text"/>		
Amount received	\$ <input type="text"/>		
Amount claimed	\$ <input type="text"/>		
Basis for claim	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Cardholder's signature	<input type="text"/>		

<b>Firstmac use only</b>			
Indue client	Firstmac		
Contact	<input type="text"/>	Date	<input type="text"/>
Reference number – Indue client	<input type="text"/>		
Reference number - Indue	<input type="text"/>		

<b>Indue use only</b>			
Date Received	Faxed <input type="checkbox"/>	Mailed <input type="checkbox"/>	Paid <input type="checkbox"/> Denied <input type="checkbox"/>
(Government statistics - Circle as applicable)      1A 1B 2A 2B 2C			
C1 C2 C3 C4A C4B C4C C4D C4E D1 D2 D3A D3B D4A D4B D5 D6 D7 D8			