



SME FARE REGISTRATION

Company Name _____

ABN Number _____

Address _____

Rex Allocated Business Flyer Number (to be populated by Rex after approval) _____

Approved Company Booker _____

(if individual can book please tick here)

Name of Travellers

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

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Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

Mr Mrs Ms Miss Dr First Name _____ Surname _____

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or email completed form to maranoasme@rex.com.au

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