

Universal Kingdom: Prehistoric Nights

Step into the Mesozoic Era to a land where puppets, lights and dinosaurs collide.

In a brand-new experience and nights not seen for millions of years, prepare to be electrified by the first in a trilogy exploring the prehistoric era.

Treat your staff or clients and support conservation with a wild night out.

Full Name

Company Name

Contact Email

Contact Phone

I have attached the required finance credit application form.

Session (date / time)

6.30pm or 7.45pm, Thursday – Sunday from 4 July – 21 July 2024.

First preference

Day Time

Second preference

Day Time

(If you do not have a second preference or would prefer to discuss please leave blank)

Tickets

Please note that the minimum order for invoiced tickets is 30, orders of less than 30 tickets can be purchased online or over the phone with a credit or debit card.

Number of tickets

Group rate \$31.25

Number of cub reservations (under 4's)

FREE

Cubs require a free reservation, we can book this for you or they can be added later via the website.



Presented by



Zoos SA

Credit Application Form



Royal Zoological Society of SA Inc.

ABN 38 750 470 952

BUSINESS CONTACT INFORMATION

Company name		ABN	
Contact		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone			
E-mail			
Registered company address City, State Post Code			

BUSINESS AND CREDIT INFORMATION

City, State Post Code			
Primary business address City, State Post Code			
Accounts Payable Contact Details:			
Name		Bank Name	
Phone Number		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State Post Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State Post Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other	Other	
Company name		Phone	
Address		Fax	
City, State Post Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid 14 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Royal Zoological Society of South Australia to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	