




ORDER FORM

OSTOMY NSW LIMITED

ABN 92 003 107 220

 **PO BOX 3068**

KIRRAWEE DC 2232

 **Phone: 02 9542 1300**

 **Fax: 02 9542 1400**

 **Email: orders@ostomynsw.org.au**

Please complete all relevant information

OFFICE USE ONLY	
Date Received:	_____
Packing/Posting:	\$ _____
Items Purchased:	\$ _____
Membership Fees:	\$ _____
Donations:	\$ _____
Raffle Tickets:	\$ _____
Total:	\$ _____
Entered to Samson:	_____

Name: _____ Membership Number: _____

Delivery (Please Tick) Post or Pick-up Express or Pick-up Monro Ave

Delivery Address: _____

Postcode: _____

Are you paying in advance? Yes No Payment amount: \$ _____

Paying by: Cheque Money Order Prepaid Other Credit Card

Please charge my credit card (Minimum \$33.00)

Name on Card: _____

Credit Card No: _____ / _____ / _____ / _____ Expiry Date: _____

Purch	Brand	Product Code	Description	Quantity

Any special instructions about this order? _____

PLEASE ALLOW 7 TO 10 WORKING DAYS FOR DELIVERY