



ORDER FORM

OSTOMY NSW LIMITED
ABN 92 003 107 220
PO BOX 3068
KIRRAWEE DC 2232
Phone: 02 9542 1300
Fax: 02 9542 1400

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

Email: orders@ostomynsw.org.au

Please complete all relevant information

Name: **I M Asample** Membership Number: **1234567K**

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

Delivery Address: **1 Demonstration Road**

Sampletown NSW

Postcode: **2232**

Are you paying in advance? Yes No Payment amount: **\$ 33.00**

Paying by: Cheque Money Order Prepaid Other Credit Card

Please charge my credit card (Minimum \$33.00)

Only Mastercard, Visa and Bankcard are accepted for credit card payments and the minimum amount is \$33.00 (equal to three postal deliveries)

Name on Card: **I M Asample**

Credit Card No: **5555 / 1234 / 4321 / 9999**

Expiry Date:

06 / 11

Purch	Brand	Product Code	Description	Quantity
	Coloplast	13966	Easiclose midi	60
	Coloplast	2886	Alterna base plate	20
	Hollister	7805	Adapter barrier rings	20
	Hollister	7917	Protective dressing wipes	50

Tick this if purchasing supplies not covered by PBS (see ONL Newsletter for details)

Any special instructions about this order? _____

Put here any special instructions about this order, e.g. delivery or supply of a substitute product if your ordered one is out of stock

PLEASE ALLOW 7 TO 10 WORKING DAYS FOR DELIVERY