



ORDER FORM

PO BOX 3068
KIRRAWEE 2232
Phone: 02 9542 1300
Fax: 02 9542 1400

Hours of Operation

We are open to members 4 days a week only, Monday to Thursday.

Counter hours are 9:00 am to 2:00 pm.

Telephone lines open 8.00 am to 4.30 pm

Email: orders@ostomynsw.org.au

Please complete all relevant information

Received

Name	I M Asample		Member No.	1234567K
Delivery Address				
1 Demonstration Road			Post Code	2232
Sampletown NSW				
Delivery Method				
Post	<input type="checkbox"/>	Pick up	Monro Ave	<input checked="" type="checkbox"/>
			Princes H'way	<input type="checkbox"/>

Payment Method (Do not send cash)			Amount Paid	\$
Cheque	Money Order	Credit Card	Direct Debit	Date Paid
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ / _____ / _____
BSB 112-879, Account No. 456643389				
Identify this with member number and a word describing the payment (e.g. "Postage" or "Fees" or "Donation")				
Please charge my credit card (minimum \$36.00)				
(Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)				
Name on card	I M Asample		Expiry Date	25 / 12
Card No.	5555	/ 1234	/ 4321	/ 9999
	CVC No. (last 3 digits on back of card)			123

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

Write here any supplies to be purchased or any special instructions for delivery of your order:

Put here the description and quantity of any supplies you want to purchase and/or 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 Australia Post up to 10 working days to deliver your order, subject to your location.