



# ORDER FORM



PO BOX 3068

KIRRAWEE 2232



Phone: 02 9542 1300



Fax: 02 9542 1400

Email: [orders@ostomynsw.org.au](mailto:orders@ostomynsw.org.au)

Please complete all relevant information

## Hours of Operation

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

Telephone lines open 8.00 am to 4.30 pm

Received

Name			Member No.	
Medicare Number		Ref No.	Expiry Date: ____ / ____ / ____	

Delivery Address				
Post Code				
Delivery Method				
Post	<input type="checkbox"/>	Click To Boot	<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 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 \$51.00) (Only Mastercard and Visa are accepted – use caution supplying these details)				
Name on card			Expiry Date	/
Card No.	/	/	/	CVC No. (last 3 digits on back of card)
Brand	Product Code	Description	Quantity	

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

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Please allow Australia Post up to 10 working days to deliver your order, subject to your location.