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Order Form

Please complete all sections of this form to ensure your order is proceed correctly and efficiently. Thank you for your order & continued business.

CUSTOMER DETAILS (for Billing Purposes):							
Customer Account No.:							
Company Name:							
Contact Person:							
Address:							
Suburb:	o: State:			Postcode:			
Telephone:	Fax: Email:						
DELIVERY ADDRESS:							
Please tick if the delivery address is the same as the billing address							
Alternate Delivery Address:							
Contact Person:							
Address:							
Suburb: State:				Postcode:			
Special Delivery Instructions:							
PRODUCT DETAILS:							
CODE:	DESCRIPTION:				QTY:	UNIT PRICE:	TOTAL:
			,				
PAYMENT DETAILS (please tick payment method):				Sub Total			\$
Cheque/Money Order - Please make payable to ForwardHealth ANZ			NZ	Packing & Delivery (as per quote)			\$
Account	Account No.:			Sub Total (including packing & delivery) \$			\$
Credit Card	Card Type (please circle): Mastercard / Visa / AMEX			GST			\$
Name on Card:				Invoice Total (including GST)			\$
Card Number:				DATE OF ORDER:			
Expiry Date:	Sign	nature:					
AUSTRALIAN CUSTOMERS:							
Fax/Email/Mail the completed form to:							
Fax 1300 766 473 Email sales@performhealth.com.au							
Post: Performance Health ANZ, PO Box 1006, North Ryde NSW 2113							