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Customer Payment Faxback

Please return completed form by FAX or EMAIL: Fax 1300 766 473 Email sales@performhealth.com.au

Account Code:				
Customer Name:				
Email:	Please include your email address so we can update	our database. Thank you.		
Payment Amount:		Paying Account OR	Paying Specific Invoices Below	
Paying Invoices:			invoices below	
Account Name: Bank: BSB: Account Number: Please ensure you incl	- Direct Transfer y your account by electronic transfer please Performance Health ANZ Westpac 032-285 363935 ude your "Customer Code" as your payment	description.	Don't forget to complete your account details at the top of the page before faxing/emailing.	
Payment Option 2 Just complete the deta Card Type: Card Number: Expiry Date: Name on Card: Signature: Print Name	- Credit Card ails below and fax to 1300 766 473 Visa Mastercard AMEX	Date:	Don't forget to complete your account details at the top of the page before faxing/emailing.	
Payment Option 3 - Cheque Please make your cheque payable to Performance Health ANZ and send with this page to:		PO Box 1006	Performance Health ANZ PO Box 1006 North Ryde NSW 2113	
Account Enquiries To complete this form or for any questions regarding your account, please contact our Customer Service team. Main 1300 473 422 Web performhealth.com.au Email customeraccounts@performhealth.com.au				