



ORDER FORM

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

 **Email: 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 <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/> Date Paid ____ / ____ / ____
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 \$48.00) (Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)			
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:

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