WIDE BAY OSTOMATES ASSOCIATION INC.

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Telephone: (07) 4152 4715 Fax: (07) 4153 5460 ABN 27 545 116894



WBOA ORDER FORM

ORDER FOR MONTH(S):				_ &	SIGNATURE:					
I confirm that the	e products	s provided	to me through the	e stoma appliance	scheme are for n	ny personal use.				
Леmbers #: First Name:					Surname:					
Address:					Post Code:					
Mobile No.:		Email:								
Medicare Ca	ard No.	:		Indiv. # Exp			iry D	oate: _	/	
COLLECT		or	POST							
PAYMENT:	EFT	Ca	sh Chec	que Cre	edit Card	DVA				
EFT: Commo	nwealth	Bank <u>B</u>	SB: 064403; A	cc: 00920862	Ref: Your fire	st & last nam	<u>e</u>			
CC:/Expiry Date:								CCV:		
POSTAGE: \$25 per parcel up to 5kg*								\$		
NON-SAS ITEMS: (i.e. Membership or cash sales)							\$			
DONATION: (Donations of \$2 and over are tax deductible)							\$			
TOTAL:								\$ <u></u>		
*Additional cos	sts may l	be incurre	d for heavy or ir	nterstate parcels	s in consultation	with the office				
Product code		Brand		Item Description				Qty in No. of Packs		
Office Use Office Info			Received	Received Receipt # Entered F		Picked	Picked Packed		acked	
				'						

Website: www.wboa.org.au Email: admin@wboa.org.au