

# ORDER FOR SUPPLIES

Order for the month of \_\_\_\_\_

Orders must be submitted by the 15<sup>th</sup> of the month prior to the month they are to be collected or posted. Postal orders will be dispatched in the middle of the month.

(Circle) I would like to **COLLECT** my order or Please **SEND** my order to me

Member's Name and Initials \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Product Code	Brand	Description	Quantity

\*Product code(s) are found on the outside of the box that contains your supplies

Mail deliveries: Freight and packaging (GST Included) have increased from \$10.00 per parcel to **\$15.00 as of the 1<sup>st</sup> July 2016.**

**Please make Cheques/Money Orders payable to ACT & Districts Stoma Association Inc.**

**Credit Card**

Name on Card: \_\_\_\_\_ Card no: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_ CSC (card security code): \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Direct Credit**

**Commonwealth Bank**

**Account Name: ACT & Districts Stoma Association**

**BSB: 062 919 A/C: 00910631**

*Submit does not work in Adobe online viewers.  
Please download and open in Adobe Viewer.  
If you don't have it **download from here.***

**Postal Address**

GPO Box 1260, Canberra City ACT 2601  
Phone/Fax: (02) 6205 1055  
Email: stoma@actstoma.onmicrosoft.com

**Distribution Centre**

Second Floor, City Health Building  
1 Moore Street (crn Moore & Alinga Streets  
Canberra City ACT 2601