

ORDER FOR SUPPLIES

Order for the month of _____

Orders must be submitted by the **15th of the month prior to the month they are to be collected or posted. Collection during shopfront open days only. 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

****PLEASE INDICATE DELIVERY PREFERENCE (NOTE: packages not requiring a signature cannot be reissued in the event they are not received)**

LEAVE MY PACKAGE **SIGNATURE REQUIRED**

Member's Surname and Initials _____

Address _____ State _____ PostCode _____

Telephone () _____ Mobile _____ Email _____

| Product Code | Brand | Description | Quantity (Box) |
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*Product code(s) are found on the outside of the box that contains your supplies

Mail deliveries: Freight and packaging (GST Included) is **\$15.00 per parcel**

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
Ref: PLEASE INCLUDE YOUR NAME

| Office Use Only | |
|------------------|------|
| COLLECTION DATE: | / / |
| COLLECTED BY: | |
| SIGNATURE: | |

| Postal Address |
|---|
| GPO Box 1260, Canberra City ACT 2601 Phone: (02) 51244888 Email: stoma@actstoma.onmicrosoft.com www.actstoma.net.au |

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