

# ACT & Districts Stoma Association Inc.

## 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 required.

\*Collection during shopfront open days only.

\*\*Postal orders will be dispatched in the middle of the month.

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 \_\_\_\_\_ Member's Initials \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ PostCode \_\_\_\_\_

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

Product Code	Brand	Description	Quantity (Box)	Office Use ONLY (Please tick)	
				PICKED	PACKED/ COLLECTED

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:	

<p><b>Postal Address</b> GPO Box 1260, Canberra City ACT 2601 Phone: (02) 5124 4888 Email: <a href="mailto:stoma@actstoma.onmicrosoft.com">stoma@actstoma.onmicrosoft.com</a> <a href="http://www.actstoma.net.au">www.actstoma.net.au</a> – Online ordering</p>	<p><b>Shopfront</b> Second Floor, City Health Building 1 Moore Street (crn Moore &amp; Alinga Streets) Canberra City ACT 2601</p>
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