



PO Box 2449 (108 Dalton St)
ORANGE NSW 2800
Ph: 6361 0688
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Trial Goods Order Form

Ordering information:

Company Name: _____
ABN: _____ Date Ordered: _____
Shipping Address: _____
Billing Address (If different): _____
Delivery contact person: _____ Ordered by: _____
Phone: _____ Fax No: _____
Email: _____ P.O. number: _____

Payment method: EFT Bank details: Commonwealth Bank Orange
BSB: 062 587 Account no: 1015 7035
30 day account (prior approval only)
MasterCard Visa (please circle)

Credit card details:

Name on card: _____ Card no: _____
Expiry Date: ____/____ Signed: _____

Order Details

| Quantity | Product | Size (if applicable) | Price |
|----------|---------|----------------------|-------|
| | | | |
| | | | |
| | | | |

Total: \$ _____

Note: We use express couriers and will endeavour to send your goods same day, unless out of stock.. There is a minimum courier charge of \$18.00.

This equipment has been sent to you on a **7 day trial** basis. The fee for this service is \$20.

If you find the product to be unsuitable the goods must be returned in good order, with the packaging in tact.

If you return the goods this amount is not refundable. Return postage or freight charges are your responsibility.

We allow 3 weeks from the time of despatch for the return of the goods. After this date we will assume the goods are being kept and payment will be expected unless prior arrangements are made.

We do appreciate your business and look forward to being able to offer you this service.

Please sign below to indicate that you have read the above conditions and that you agree with them.

Signature.....Date:.....