



Order Form

Delivery Details		Invoice Details (if different)	
Organisation		ABN	
Recipient Name		Contact Name	
Address		Address	
Suburb		Suburb	
Postcode	State:	Postcode	State:
Phone		Phone	

Item	Quantity	Unit Price	Total
Health Check DVD		\$15	
The Other 50% report		\$15	
Subtotal			
Postage (10% of subtotal, minimum of \$6)			\$6 minimum
Grand Total			

Methods of Payment

You can either pay by credit card, cheque, money order, and if paying in person you can also pay in cash. Please note that we only accept Visa, Bankcard and MasterCard. If you are paying by cheque or money order please call us to confirm your Grand Total and make payable to South Sydney West Area Health Service

Alternatively we can raise an invoice for your organisation to be paid within 14 days of receipt of the goods. Ensure you have completed all the delivery and invoice details above.

Credit Card Cheque/Money Order Cash (in person) Invoice

Visa MasterCard Bankcard

Card holder's Name _____

Card Number

Expiry Date

Card holder's signature _____

Please post your order form to:

NSW Refugee Health Service
PO Box 144
LIVERPOOL BC NSW 1871

If you have any questions about the resources, order form or your invoice please call us on 02 8778 0770