

## WBOA ORDER FORM

**ORDER FOR MONTH(S):** \_\_\_\_\_ & \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

I confirm that the products provided to me through the stoma appliance scheme are for my personal use.

**Members #:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medicare Card No.:** \_\_\_\_\_ **Indiv. #** \_\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COLLECT**  **or** **POST**

**PAYMENT:** EFT      Cash      Cheque      Credit Card      DVA

EFT: Commonwealth Bank BSB: 064403; Acc: 00920862; Ref: **Your first & last name**

**CC:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **CCV:** \_\_\_\_\_

**POSTAGE:** \$25 per parcel up to **5kg\*** \$ \_\_\_\_\_

**NON-SAS ITEMS:** (i.e. Membership or cash sales) \$ \_\_\_\_\_

**DONATION:** (Donations of \$2 and over are tax deductible) \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

*\*Additional costs may be incurred for heavy or interstate parcels in consultation with the office*

Product code	Brand	Item Description	Qty in Pack	No. of Packs

Office Use	Office Info	Received	Receipt #	Entered	Picked	Packed