Colostomy Association of NSW (Inc.)

ABN 17 943 623 474

colostomynsw.com.au

Order Form

BLOCK LETTERS PLEASE

Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Membership No: _____

PO Box 164
Camperdown NSW 1450

Tel: (02) 9565 4315
Fax: (02) 9565 4317
Email: ostomy@iinet.net.au

Appliance item or description	Size	Qty ordered	*Organisation use only*			
			Qty received	Size	Stock code	Brand code

_____ Date _____ /_____ /_____ *(d/m/y)*

Signature of Member

(Please circle applicable)

Please accept my freight and order processing payment of $ _____ by: Cash/Cheque/Money order/Credit card.

Card type: Mastercard / Visa *(minimum $33.00)*

Card holder's name *(as appearing on card)*: _____

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry: _____ / _____ *(m/y)* **Card holder's signature:** _____

Colostomy Association of NSW (Inc.) recommends that members obtain the advice of an STN or medical practitioner before obtaining or using products, which have not previously been used by the member. Information provided by Colostomy Association of NSW (Inc.) about the availability and/or features of any product is not intended to be an advice or recommendation as to the suitability of that product for use.

Form CA 02 191011