

CUSTOMER DETAIL

ORDER DATE _____

BILL TO

Company Name _____
ABN Number _____
Contact Name _____
Email Address _____
Phone Number _____
Street Address _____
Suburb _____
State _____ Postcode _____

SHIP TO

Same as Bill To

Company Name _____
Contact Name _____
Phone Number _____
Street Address _____
Suburb _____
State _____ Postcode _____

ITEMS ORDERED

YOUR PO# _____

Product Code & Description	Quantity	Unit Price (ex. GST)	Total Price (ex. GST)

I agree to the Terms & Conditions.

For Terms & Conditions, please visit www.posstore.com.au


FREE SHIPPING FOR ORDERS OVER \$750

THANK YOU FOR YOUR ORDER!

<i>SUBTOTAL</i>	
<i>GST AMOUNT</i>	
<i>SHIPPING FEE</i>	
TOTAL (\$)	

PAYMENT METHOD

Credit Card (1.9% surcharge applies)

Card Type  
Card Number _____
Expiry Date ____ / ____ CVV Number _____
Cardholder's Name _____
Cardholder's Signature _____

Bank Transfer

Account Name RetailCare Pty Ltd t/a POS Store
Bank Name 
BSB # 013006
A/C # 110548704