

## CUSTOMER DETAIL

### BILL TO

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

ORDER DATE \_\_\_\_\_

### 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](http://www.posstore.com.au)

THANK YOU FOR YOUR ORDER!

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

## 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