briggatemedicalcompany order form

For assistance with your order, or confirmation of prices, please contact us on:

.

Phone: (03) 8586 7800 (Melb.	. Metroj	1800 33 4142 (Vic.Country & Other States)	email: briggate	e@briggate.com.au	web: www.brigga	temedical.com
Customer Code: (if known)			email or	ders to: briggat	e@briggate.	com.au
Name:				Date:		
Contact:				Order Number:		
Delivery Address:				Telephone No:		
				email:		
				Authority to Leave	e Goods: Y	Ν
Special Delivery Inst	ructions ((eg - leave at front door if unattended):	:			
	_					
Deliveries occur Mon-Fri be re-delivery charges. By pla acceptance of our Terms &	cing an orde	n-5pm. Please notify us if the delivery location wi er with us for the supply of goods and/or service Freight charges apply.	ill be unattended o es we will assumo	during these times. Unsu e that you have read, unc	uccessful deliveries i derstood and acknow	may incur vledged your
Visa Mastercard	Ame	erican Express (1.5% surcharge applies)		E	xpiry Date:	_/
Card Number:						
Card Holders Name:			Approve	payment by the Credi	t Card provided:	
Product Code	Qty		Descriptio	n		