briggatemedicalcompany ORDER FORM

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

Phone: (03) 8586 7800 Fax: (03) 8586 7888 email: briggate@briggate.com.au web: www.briggatemedical.com

Customer Code: (if known)

Name:	Date:
Contact:	Order Number:
Delivery Address:	Telephone No:
	Fax No:
	email:

Account Holders Trading Terms: All Invoices are due and payable within 14 days from the invoice date. Payment by Visa or Mastercard will be accepted, but ONLY at the time an order is placed.

Non Account Holders: Pre-Payment by Visa or Mastercard ONLY.

Visa ◯ Mastercard ◯ Expiry Date: _____ / _____

Card Number: _____ _____ _____ _____

Card Holders Name: _____ Please Sign Here: _____

Product Code	Qty	Description

By placing an order with us for the supply of goods and/or services we will assume that you have read, understood and acknowledged your acceptance of our Terms & Conditions. Freight charges may apply. Contact Briggate Medical for more info.

(Web 2017)