2016 ORDER FORM

QTY	PRODUCT CODE	DESCRIPTION	PRICE incl gst	TOTAL $

Sub Total	
+ 7.5% Freight (to max. of $66)	
TOTAL $	

Note: Freight to NZ is 12.5% (to max. of $120)

BILLING ADDRESS:

Name:_____

Company: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Tel: (_____)_____

Fax: (_____)_____

Email: _____

SHIPPING ADDRESS (If Different):

_____

_____

_____

_____

State: _____ Postcode: _____

Tel: (____)_____

Fax: (____)_____

Email: _____

PAYMENT:

- ❑ Cheque (payable to: Psychological Assessments Australia)
- ❑ Charge my account (Purchase order no: _____)
- ❑ Credit card: ☐ Mastercard ☐ Visa ☐ Diners Club ☐ Amex 3-4 digit security code:_____

Card number: _____ Expiry Date:_____/_____

Cardholders name: _____ Amount:$_____

Signature: _____

MAIL OR FAX YOUR ORDER TO:

Psychological Assessments Australia
PO Box 27, Jannali NSW 2226 Australia
Tel (02) 9589 0011 Fax (02) 9589 0063
Email: infopaa@psychassessments.com.au
www.psychassessments.com.au