

TEXTBOOK ORDER FORM



Southern Medical Products Ltd

Customers Name: _____ **Date:** ____ / ____ / ____
Delivery Address: _____
Phone No: _____ **Fax No:** _____ **Email Address:** _____

Title(s) / Author(s)	ISBN	To be sent (√)	Taken (√)	Qty	Unit Price	Total Price (\$)
Postage and Packaging Costs:	Postage and Packaging*					
All orders over \$500.00 excl GST Freight Free	Total					

Payment: Credit Card Cash Direct Debit



Card No: _____ Expiry Date: ____ / ____

Card Name: _____

Once you have filled this form out please fax back to the number below and we will be in contact with you regarding your order and payment

Ph: 0800 800 981 | Fax: 0800 117 757