

Fax Order Form

Customer Details

Date :

Company Name: ABN:
 Contact Person: Phone:
 Email: PO #:

Billing Address Shipping Address Same as Billing Address:
 Street Address: Street Address:
 Suburb: Suburb:
 State: Postcode: State: Postcode:

Products/Services

Product Code	Description	Price (Ex. GST)	GST	Qty	Total (Inc. GST)
Subtotal					
Shipping					
Grand Total					


I agree to the terms & conditions
 For terms & conditions please visit www.onlypos.com.au

Payment Details

Credit Card Bank Transfer

Card Type: VISA Master
 Card Holder Name:
 Card Number:
 Expiry Date:

Account Name : Impelsoft Pty. Ltd.
 Bank Name : ANZ Bank
 BSB # : 012-246
 A/C No. : 4329-65105

 Signature: