briggatemedicalcompany ORDER FORM

For assistance with your order, or confirmation of prices, please contact us on:
Toll Free: 1800 33 4142 Melbourne Metro: 9580 5377 email: briggate@briggate.com.au Web: www.briggate.com.au

Customer Code: **FAX: (03) 9580 3688**

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

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 and invoiced.

I wish to pay for this order by: ◉ Account (payable by EFT/Cheque/Cash/Money Order - due 14 days from date of invoice.)
○ 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. Please refer to the back of the Briggate Medical Company 2010 Catalogue for full details.

Submit Form *(email)*