

ORDER FORM

CC Sales Person _____ Mob _____ Date _____

1 Delivery Details

Facility Name _____ Phone _____

Contact Name _____ Position _____

Email _____

Address _____ Suburb _____ PCode _____

Resident Name _____ Rm No _____

2 Billing Details

Invoice to Facility State Trustee Capital Guardians Other (Details below)

Acct # _____ Client # _____

Payee Name _____

Phone _____ Email _____

Address _____ Suburb _____ PCode _____

3 Using a blue or black pen, please complete the form below, following the example as shown:

Style #	Name	Size	Colour	No	Total	Given
H-JVN-	V-Neck Jumper	L	Grey	1	\$70	
Style #	Name	Size	Colour	No	Total	Given
Please note: Freight will be charged on all orders unless arranged otherwise with Caring Clothing.					Freight	\$10.00
					TOTAL	

4 Payment options

Direct Deposit _____ YES

Bank Details: Hemmingway Vic Pty Ltd.
T/AS Caring Clothing. BANK: NAB.
BSB: 083 166 ACCT: 772 115 676

Cheque _____ YES

Post Cheque to: Caring Clothing,
PO Box 7001, Glen Iris, VIC 3146

Send/Email Invoice: _____ YES

CREDIT CARD

Visa Mastercard

Name on card _____

Card No

Exp / CCV

5 Sign up to our email list YES

6 Website orders: Please visit www.caringclothing.com.au to place your order.
Mail orders: Please photocopy or scan this form and post or email your order to Caring Clothing.
Email: info@caringclothing.com.au Post: Caring Clothing, PO Box 7001, Glen Iris VIC 3146. Phone: 1300 365 504