

PARMAKER ORDER FORM

Please send me the item(s) indicated below. I understand that I may examine the goods for seven (7) days after they are received. If I am not entirely satisfied, I may return these goods to Parmaker Products at my expense, in the original packaging and in unused condition. I understand that I will be credited or refunded the full purchase price excluding delivery costs.

NAME (print):.....

ADDRESS:.....

.....

.....STATE:.....POSTCODE:.....

PHONE:.....

PRODUCT DESCRIPTION	QUANTITY	PRICE	TOTAL
FREIGHT			
TOTAL REMITTANCE		\$	

Please find my cheque/money order for \$..... or, please charge my credit card for the full amount as indicated by the "total remittance" amount.

Please tick one and fill in details

<input type="checkbox"/> Visa	Card Holder Number
<input type="checkbox"/> Mastercard	Expiry Date
	Signature

PARMAKER PLUS RIDE-ON (not walker) ORDERS ONLY

If you wish to claim exemption from GST, please provide a doctor's certificate, or complete the certificate below.

"I certify that the goods are purchased for the disabled and exemption from GST is claimed".

Date...../...../..... Signature.....

PARMAKER PRODUCTS PTY. LTD. ABN 84 050 464 741

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