



PHOTOCOPY THIS FORM, LIST YOUR REQUIREMENTS
AND FAX FOR FAST DELIVERY

DATE ORDERED: _____

QUICK SERVICE ORDER FORM

Call: 1300 886 744
Fax: 02 4862 5995

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

FOR ALL YOUR REHABILITATION & NURSING EQUIPMENT

PAGE NO.	CODE	DESCRIPTION	UNIT	QTY	PRICE \$	TOTAL COST \$

SPECIAL INSTRUCTIONS

OTHER INFORMATION REQUIRED

- After sales service
- Quality ensured
- Prompt delivery

SIGNATURE: _____

NAME: _____

Caring for those who care • info@axismedical.com.au • TOLL FREE 1300 886 744 • F: 02 4862 5995