



CREDIT CARD AND EFT PAYMENT APPLICATION

H2O Rx

ABN: 97 217 924 685
 PO Box 748
 Lane Cove NSW 1595

Phone: [0409 784 236](tel:0409784236)

Fax: (02) 9436 0491

Web: www.h2orx.com.au

Email: info@h2orx.com.au

By completing and submitting this form, the applicant and Directors agree to the "Standard Terms & Conditions of Sale".

The "Standard Terms & Conditions of Sale" are available on our web site.

Note that the "Standard Terms & Conditions of Sale" are updated from time to time.

It would be appreciated if this form is completed electronically and emailed to info@h2orx.com.au.

APPLICANT DETAILS (To provide a Tax Invoice)

Trading Name:			
ABN:			
Postal Address:			
Postal City:			
Postal State:		Post Code:	
Postal Country:			
Telephone:		Fax:	
Web Page:		Email:	

EFT PAYMENTS

Electronic Funds Transfer payments can be accepted. Banking details are on our Pro-Forma Invoice.

We require that the banking receipt is provided before delivery.

If you wish to pay by EFT, do NOT complete the Credit Card Payment section.

Do you wish to pay by EFT? (Yes / No)	
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CREDIT CARD PAYMENT

Visa Card:		Master Card:	
Name on Card:			
Card Number:		Expiry Date:	
Amount Authorised:		Currency:	
Your Reference (eg Order Number)		H2O Rx Reference (eg Proforma Invoice)	

DELIVERIES

Delivery Address

Please advise the required delivery address.

First Name:		Last Name:	
Telephone:		Email:	
Delivery Address:			
Delivery City:			
Delivery State:		Delivery Post Code:	
Delivery Country:			

Freight

Please nominate your preferred freight details. If left blank, we will send via our account and charge cost plus a small administrative charge.

Freight Company:			
Booking Telephone:		Service Required:	
Account Name:		Account Number:	



OFFICE USE ONLY

Comments:			
Discount Level:			
Approved (Y/N):		Approved Limit (per month) AUD:	
Approved By:		Date:	

A Number	S Number	P Number	E Number	C Number