

NDIS ORDER FORM



Date _____

1. Client Details

Client Name _____ NDIS Number: _____

Date of Birth: _____

Phone Number: _____ Email: _____

Shipping Address:

Address _____ Suburb _____ PCode _____

Who Placed the Order?

Ordered by: _____ Phone Number: _____

Position _____ Email _____

2. I would like to order the following:

SKU Code #	Product Name	Size	Colour	Qty	Total
Please note: Freight charges will apply once this order is received by our Caring Admin Team and they will confirm shipping costs prior to payment.				Freight	TBC
				TOTAL	

3. Billing Details

Please note the items will be sent once payment is made.

<input type="checkbox"/>	Self Managed	I will pay myself - Invoice will be emailed to contact provided above and payment made.
<input type="checkbox"/>	Agency/ NDIA Managed	I give Caring Clothing permission to upload to the NDIS portal on my behalf
<input type="checkbox"/>	Plan Managed	Please email my Plan Manager: Email: _____ Phone: _____

4. Please sign me up to the newsletter YES

5. Orders:

You can place orders directly on the website and still choose to be invoiced: www.caringclothing.com.au

Otherwise please email this order form to: info@caringclothing.com.au

Contact details:

14 Yertchuk Avenue, Ashwood VIC 3147

Phone: 1300 365 504