ORDER FORM



Date					Adaptive Clothing Specialists			
1 D	elivery [Details						
Facility Name				Phone_	_Phone			
Contact Name				Position	_Position			
Emai	l							
Address				Suburb	_Suburb		PCode	
Resident Name					Rm No			
2 I	would I	ike to orde	r the following:					
SKL	J Code#	Product Na	ıme	Size	Colour	Qty	Total	
Please note: Freight charges will applie			d once this order is received by our Caring Admin		Freight	TBC		
			shipping costs prior to payment.			TOTAL		
3	Billing	Details						
	Invoice	to Facility	Invoice will be emailed to contact provided above.					
	Direct D)eposit	Bank Details: Hemmingway Vic Pty Ltd. T/AS Caring Clothing. BANK: NAB. BSB: 083 166 ACCT: 772 115					
	State Tr	rustees	Please provide Client Number:					
	Capital Guardians		Please provide Client Number:					
	Invoice to Other		Payee Name:Phone:					
			Email:					
4	Please	sign me up to	the newsletter YE	s 🗍				
F								

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