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|----------------------|---------------------------|
| Company Name: | Date: |
| Department: | Purchase Order N°: |
| Contact: | Phone: |
| Email: | Fax: |

| CODE | PRODUCT NAME / DESCRIPTION | QTY | PRICE (inc GST) |
|-----------------------------------------------------------------|----------------------------|----------------|-----------------|
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| | | | |
| Freight calculation(inc GST): 1-3 items=\$4.50, 4+ items=\$7.95 | | FREIGHT | \$ |
| | | TOTAL | \$ |

INVOICE ADDRESS

DELIVERY ADDRESS

Tick if same as Invoice Address

| | | | |
|----------------------|--|----------------------|--|
| Address: | | Address: | |
| | | | |
| | | | |
| | | | |
| Contact Name: | | Contact Name: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| Comment: | | | |

PAYMENT OPTIONS

- EFT** Bankwest BSB: 306 076 Acct. #: 0606924 (please state your Purchase Order N° or name in the transfer description)
- Cheque / Money Order Enclosed** (payable to "Bodysmart Health Solutions")
- Existing Corporate Account**

Charge my Credit Card (please one) VISA MasterCard (NB: 1.25% surcharge applies to all cards)

Goods amount: \$ _____ x 1.25% \$ _____ =Total price: \$ _____

Card number:

Card expiry: / **Credit card verification / CCV:** (last 3 digits on back of card)

Cardholders name: _____ **Cardholder's Signature:** _____