

2018 ORDER FORM

FIVE EASY WAYS TO ORDER


www.edex.com.au


hotline@edex.com.au


 02 4923 8299


 1300 134 211


 PO Box 860
 Newcastle NSW 2300

DATE	PURCHASE ORDER NO.	NAME
SIGNATURE (person placing order)		POSITION TITLE

CUSTOMER DETAILS (please complete this form using a black or blue ink pen)

CENTRE / SCHOOL / NAME	CUSTOMER ACCOUNT (if known)	
MAILING ADDRESS <small>(NO P.O. BOXES OR PARCEL LOCKERS)</small>		
SUBURB	STATE	POSTCODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
CONTACT NAME	EMAIL	
MOB	TEL ()	FAX ()

DELIVERY DETAILS (if different to above)

CENTRE / SCHOOL / NAME		
STREET ADDRESS <small>(REQUIRED - NO P.O. BOXES OR PARCEL LOCKERS)</small>		
SUBURB	STATE	POSTCODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
CONTACT NAME	TEL ()	FAX ()

DELIVERY INSTRUCTIONS

Do you authorise for parcel(s) to be left if not home? YES <input type="checkbox"/> NO <input type="checkbox"/>	Nominate a safe location	Do you accept deliveries during school holidays? YES <input type="checkbox"/> NO <input type="checkbox"/>
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ORDERING FROM (please tick)

- LEARNING RESOURCE CATALOGUE
- EASTER / MOTHER'S DAY CATALOGUE
- CLASSROOM RESOURCE CATALOGUE
- FATHER'S DAY CATALOGUE
- CHRISTMAS CRAFT CATALOGUE
- OTHER

PAYMENT DETAILS (please tick)

<input type="checkbox"/> PLEASE CHARGE MY ACCOUNT (if applicable)	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT) <small>(Contact us for details)</small>
<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	
<small>(Please make all Cheque or Money Orders payable to Educational Experience)</small>		
<input type="checkbox"/> VOUCHER CODE _____		



CREDIT CARD DETAILS (if applicable)

CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CARD NUMBER	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
CARDHOLDER'S NAME	EXPIRY DATE	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
CARDHOLDER'S SIGNATURE		

(PRINT details, make sure to include your credit card expiry date and signature.)

CUSTOMER DETAILS (please complete this form using a black or blue ink pen)

CENTRE / SCHOOL / NAME	
ADDRESS:	
TEL ()	ATTENTION TO:

	PRODUCT CODE	QTY	PRODUCT NAME	UNIT PRICE	TOTAL
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

TOTAL FROM THIS PAGE	\$
TOTAL FROM ADDITIONAL PAGES	\$
DELIVERY	\$9*
SUB TOTAL	\$
PLUS 10% GST	\$
ORDER TOTAL	\$



*DELIVERY \$9 - additional delivery charges may apply depending on size, weight and final destination of order. These charges, if applicable, will be advised on confirmation of the order.

PO Box 860
Newcastle NSW 2300
ABN 83 003 112 034

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your learning resource partner