



Phone : 1300 887 672
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Fax Order Form

Customer Details

Date :

Company Name: ABN:
 Contact Person: Phone:
 Email: PO #:

Billing Address Shipping Address Same as Billing Address:
 Street Address: Street Address:
 Suburb: Suburb:
 State: Postcode: State: Postcode:

Products/Services

Product Code	Description	Price (Ex. GST)	GST	Qty	Total (Inc. GST)
Subtotal					
Shipping					
Grand Total					

I agree to the terms & conditions
 For terms & conditions please visit www.onlypos.com.au

Payment Details

Credit Card Bank Transfer

Card Type: VISA Master
 Card Holder Name:
 Card Number:
 Expiry Date:

Account Name : **Swift Computers Pty Ltd**
 Bank Name : **Bank Commonwealth Bank**
 BSB # : **062890**
 A/C No. : **1005 0618**

Signature: