



PAYMENT FORM

Office and Healthcare Seating Specialists

Unit 2-5, 95 Garling St
O'Connor, WA
Australia
6163

Phone: 08 9337 8399
Fax: 08 9314 1553

www.arteil.com.au

Date:

Contact Details

Contact Name:

Business Name:

Phone:

Mobile:

Email Address:

Fax:

Street:

Suburb/City:

State:

Post Code:

Instructions

To make a payment, **either** fill out form on computer and print **or** print form and fill out manually.

Cheque Payment: Post a copy of this form with your cheque.

EFT Payment: Post a copy of this form to ARTEIL or fax to 08 9314 1553.

Credit Card Payment: Post a copy this form or fax to 08 9314 1553.

Payment Details

Cheque payable to Arteil (WA) Pty Ltd

Electronic Funds Transfer (EFT)

National Australia Bank

Account Name: Arteil (WA) Pty Ltd

BSB Number: **086-217**

Account No: **01 796 7189**

Reference: Business Name and Invoice Number

Mastercard

Visa

Card Number:

Expiration Date:

Cardholder Name:

Date:

Signature: _____

Data is not secure.

Do not send by email.

Fax only

Invoice Number/s

Amount

Is a receipt required?

Yes

No

Receipt to be mailed to

Receipt to be faxed to

Internal Use Only

Order Completed:

Ship Date:

Order Completed:	
Ship Date:	