

Female Condom Order Form



Positive Women

Date _____ Name _____

Organisation _____

Shipping Address _____

Suburb _____

City _____ Postal Code _____

Phone _____ E-mail _____

ORDER:

Quantity	Description	Unit Price	Total
_____	Female condoms	\$2 (incl. GST)	\$ _____

Please attach cheque payable to Positive Women Inc. and mail to:

Positive Women Inc.
1/3 Poynton Terrace
Newton, Auckland 1010

Thank you for your order....

FOR OFFICE USE ONLY

Purchase Order No. _____ Date payment received: _____

Payment by: CC Cheque Direct Deposit Cash Eft-Pos

Gross amount paid \$ _____

Date shipped: _____ Signed: _____