



Order online at www.habex.com.au

Postal Orders

PO Box 457
Northbridge NSW 1560

Online Orders

www.habex.com.au

Email

info@habex.com.au

For your security, please **DO NOT** email credit card details. Use our website for secure online ordering.

Delivery & Contact Details (please print clearly)

Please provide contact details in case we need to contact you about your order. Please notify us as soon as possible if you wish to change your order or delivery address.

Name : _____ Order Date : _____

Delivery address : _____

State : _____ Postcode : _____

Voice : () _____ TTY : () _____

Fax : () _____ Mobile / SMS : _____

Email address : _____

Order Details (please print clearly)

Product Code	Product Description	Quantity	Price Each	Total Price
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Subtotal \$ _____

Postage and handling apply **ONLY TO BATTERY PURCHASES**. Calculate based on how many packets of batteries you have ordered above. No GST applies to hearing aid and cochlear implant batteries. Accessories and desiccants have standard postage and GST included in the price.

← **Postage & Handling*** \$ _____

TOTAL COST \$ _____

	Standard	Express
1 - 6 packets	<input type="radio"/> \$3.00	<input type="radio"/> \$6.00
7 - 12 packets	<input type="radio"/> \$4.00	<input type="radio"/> \$6.00
13 - 20 packets	<input type="radio"/> \$5.00	<input type="radio"/> \$10.00
21 - 30 packets	<input type="radio"/> \$6.00	<input type="radio"/> \$10.00
31 - 40 packets	<input type="radio"/> \$8.00	<input type="radio"/> \$15.00
41+ packets	<input type="radio"/> \$10.00	<input type="radio"/> \$15.00

TERMS AND CONDITIONS:
ALL ORDERS MUST BE PAID PRIOR TO SHIPPING.
All prices are subject to change without notice.
Postage fees applicable to Australia only.
All prices are in Australian dollars (AUD).
Please contact us with any queries.

Payment Details (please print clearly)

I enclose a cheque money order **PLEASE DO NOT POST CASH**
Please make cheques payable to **'HABEX'** and attach to this form **OR**

Please charge my credit card: VISA Mastercard American Express

Card number _____ Expiry date ____ / ____ CCV _____

Cardholder name _____ Signature _____