

Team Account Number			Your reference		Date	
Dr's Name			Contact Name			
Medical Centre/ Company Name						
Building/Shop		Street				
Suburb			State		Postcode	
Delivery Instructions						
Opening Hours/Days						
Phone			Mobile		Fax	
E-mail						
Authorised by (Name & Signature)				Position		

	CODE	QUANTITY	DESCRIPTION	UNIT	PRICE
1					
2					
3					
4					
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11					
12					
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14					
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16					
17					
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19					
TEAM MEDICAL SUPPLIES IS AN INDEPENDENT AUSTRALIAN COMPANY				FREIGHT	
PAY BY VISA, MASTERCARD OR AMEX - NO CREDIT CARD FEES				(Excluding GST) TOTAL	