

# UNIFORM Payment Form

## NURSE DETAILS

Name	
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## UNIFORM DETAILS

PRODUCT	SIZE	QUANTITY	PRICE	SUBTOTAL
<input type="checkbox"/> HHNA Ladies Polo Shirt			\$30	
<input type="checkbox"/> HHNA Men's Polo Shirt			\$30	
<input type="checkbox"/> HHNC Polo Shirt			\$30	
<input type="checkbox"/> Ladies Colourful Blouse			\$45	
<input type="checkbox"/> Ladies Navy Blouse			\$49	
<input type="checkbox"/> Fleece Jacket			\$45	
<input type="checkbox"/> Men's Business Shirt			\$49	
<input type="checkbox"/> Fleece Vest			\$40	
			TOTAL	

## DELIVERY

<input type="checkbox"/> Picked up from office	Nurse signature	
<input type="checkbox"/> Posted out	Office staff name	
		Date

## PAYMENT METHOD

<input type="checkbox"/> Payroll Deduction ( <i>authorised by:</i> _____ <i>on date:</i> _____ )	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque / Money Order
<input type="checkbox"/> Eftpos	<input type="checkbox"/> Cash

## CREDIT CARD

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Other (please specify: _____ )											
Name on card														
Card number														
Card Expiry			/			CCV				Signed:	_____			

## OFFICE USE ONLY

Amount Owing		Deduction	\$ _____ over _____ weeks
Deduction Dates			